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**THE EDITOR**

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# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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# The California Eclectic Medical Journal

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No. 1

## Original Contributions

### ASCITES

Dr. H. Ford Scudder, Los Angeles

(Read before the Los Angeles County Eclectic Medical Society)

A few notes regarding a case of Ascites due to Chirrosis of the Liver. Patient, Mr. D. Age, 73. A veteran of the Civil War, priding himself on a record of over three years' service. No bad habits, didn't drink nor smoke until after reaching the age of 45.

We called to see patient at the Occidental Hotel, found him suffering from extreme nervousness, difficulty in breathing, rapid intermittent pulse, white coated tongue, bowel movement very slight, urine scanty and high colored. No appetite, abdomen very much distended. Prescribed Cactus one drachm, Pulsatilla one-half drachm, water four ounces. Teaspoonful of mixture every hour. Also Abbott's Saline Laxative, two teaspoonfuls every two hours.

Next afternoon patient somewhat improved, fairly good bowel movement and increased urination. Upon a more careful examination found the ankles badly puffed, dropsical, and easily pitted; also abdomen enormously distended with fluid, heart action very weak, rapid and intermittent. Upon further questioning the patient admitted a history of drinking in moderation for the past twenty years, and fairly hard drinking for the last five years. Smoked a pipe continually for the past fifteen years. Patient was tapped and nine quarts of fluid removed. Placed on a liquid diet and given the following: Cactus one drachm, Apocynum one and one-half drachms, water four ounces; teaspoonful every hour. Continued the Saline Laxative for the bowels.

Removed patient to the Westlake Hospital in a few days and continued the same treatment. Then added Elaterium one-eighth grain and Specific Med. Polytricum ten drops in a little

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water every four hours. Found that the addition of the Polyticum wonderfully increased the amount of urine passed. Patient after a week or ten days at the hospital was removed to the beach, where the family had secured a cottage. He was improved in many ways, but still had a very bad intermittent heart and swollen ankles. Found that the Cactus for the compensatory effect on heart and the Pulsatilla for his nervous dread, etc., was the best combination, after a trial of Strophanthus, Digitalis and other remedies. Treatment continued and the patient tapped the second time in about four weeks after leaving the hospital. Six and one-half quarts removed. It was about this time in talking over the case with Dr. H. C. Smith, that he suggested the use of Dr. Farnum's "dropsy relief." The prescription for this is as follows:

Aloin .....	grains $\frac{1}{4}$
Powd. Hydrastis.....	" 5
Sodium Bicarbonate.....	" 10
Elaterin .....	" $\frac{1}{20}$

Mix.† Make one powder.

Sig. One powder three times a day.

Dr. Smith also suggested the use of Apocynum in six drop doses, three times a day, instead of the previous dose of one or two drachms to four ounces of water. The Cactus, with a little Digitalis, was given at intervals for the intermittent heart. Patient began to improve immediately on this treatment; passing large quantities of urine, urinating three or four times at night, something he had never done before. The bowel movements increased to three or four large watery stools daily. After two weeks found that I had to reduce the powders to one of the active ones, alternated with one of plain Bicarbonate of Soda. Cut down gradually on the powders and the patient has been practically well for the past six weeks, taking no medicine at all. Wish to state that after the second tapping had him wear an abdominal belt. Patient still has a box or two of the powders as a safety valve, and whenever he begins to puff up, a few days on the powders puts everything right.

This brings up the study of several drugs that are used rather infrequently and that deserve more careful investigation.

**Elaterium:** Specific Medicine. **Small doses** are used to relieve irritation of the mucous surfaces. Recommended in cases attended by a constant painful sensation at neck of bladder; a positive remedy for cystic and urethral inflammation of chronic

character. Indicated by deep tenderness or soreness in the bladder and throughout the pelvis and perineum, with passage of urine loaded with mucus and muco-pus, and accompanied with tenesmus and constipation. **Large doses** it is the most powerful drastic hydragogue cathartic in use, causing profuse watery discharges from the mucous surfaces of the stomach and bowels. It is likewise eliminated partly through the kidneys, thereby increasing their secretions. In small doses it relieves irritation of the mucous surfaces, but in large doses it is highly irritant to them. Chief active constituent is Elaterinum or Elaterin, the dose of which is  $1/32$  to  $1/16$  of a grain. The usual dose of Elaterium is  $1/20$  to  $1/8$  of a grain. Had quite an experience with the old man at the hospital. One night, when the bowel movements were smaller and less frequent through the day and the urine decreased in amount, I gave him a small pill of  $1/4$  grain of true Elaterium at about 9 p. m. He had so many movements of the bowels before midnight that there was no room to chart them, and the night nurse gave him a starch enema to stop the proceedings. I also found that in using Dr. Farnum's remedy that the dose of  $1/20$  of a grain of Elaterin was too strong and had to cut the same down accordingly.

**Polytrichum:** Specific Medicine. A hydragogue diuretic, in some cases it incredibly increase the flow of urine. Dose from 5 gtts. to 1 drachm, in a little water, every 1 to 3 hours. Used in this case in 15 gtt. doses, 5 times a day, proved very effective in increasing the amount of urine. According to "Stephens" "wherever a non-irritating diuretic of pronounced action is desired, Polytrichum will give splendid results. Most valuable in Uric Acid Diathesis, Lithemia, and in suppression of urine from cold. It's eliminative effect is decidedly beneficial in these diseases accompanied by dropsical effusion."

**Apocynum:** This remedy is generally recommended to be used in infusion of the root. The dose of 6 drops of the Spec. Med. in a little water three times a day proved very effective.

**Cactus:** Spec. Med., 1 to  $1\frac{1}{2}$  drachms to four ounces of water, teaspoonful four or five times a day, proved all right for its compensatory action on the heart.

**THE SURVIVAL VALUE OF NEW YEAR'S RESOLUTIONS****Dr. Axel Emil Gibson, Los Angeles**

In her unfoldment along the line of growth, fruit and power, Nature—like the builders of the symbolic temple of Solomon—employs neither nail nor hammer, but pursues calmly and silently, in obedience to the laws of life, the goal of her untiring labors.

As with universal, so with individual nature. The grandest stroke in the evolution of character and manhood is delivered in the silence of the soul, with no other witnesses than those of man's own aspirations. During ages of countless efforts, in the zone of deep-wrought, duty-gauged, conscience-governed experience, the monumental structure of perfected humanity is slowly rising into imperishable time and change defying eminence.

Resolutions to be enduring do not rise in a night. They are the fluorescence of long, patient, life-sustained efforts of self-conquest and moral refinement. A resolution to stand the test of the coming year must have its basis and determination in the daily round of hourly resolutions during the year passed by.

We build a house, but create a home. Applied to the formation of character, we build with the intellect, but ensoul by feeling. New Year's resolutions, as generally accepted, constitute intellectual impulses due to a sudden notion to be good, and ordered to serve at a given occasion. They are the progeny of personal whim in the moral field—the sportive play of the intellect under the stimulation of an esthetic reasoned appreciation of the virtuous and sacred. It is the spectacular sleight-of-hand performance of the mind, ambitious to exhibit its magic powers in the limelight of personal self-approbation.

There is a strong ethical similarity between New Year's resolutions and Sunday Christianity. In either case the morality of the individual is adjusted to assert itself at convenient and well ordered appointments. But a morality which is not rooted in an unrelaxed and unrelenting effort of self-denying service in work-a-day, humdrum, practical terms of existence, holds no guarantees on permanence and reliability in the strain and stress of social and communal emergencies.

Lastly, as the building of character is a moral rather than an intellectual process, with its basis in a spiritual rather than a material and esthetic order of life, it follows that a resolution in the direction of character development to find its



pearl of survival value must be energized by the forces of religious faith and love-inspired motives.

Perhaps, after all, Thomas Carlyle was right. "Not what I have, not even what I do, but I **am**—is my kingdom."

### LEGITIMACY

**Judge Henry Owens, San Francisco, Cal.**

The law presumes that every child born to lawful wedded couples is legitimate unless it be shown that the parties, one or the other were impotent, sterile or that the wife had lived separate from the husband for more than twelve months, and that she had sexual relations with other than her husband within ten months from the date of birth of the child and in the latter event it is next to impossible for any physician to say whether or not a child is or is not legitimate when it is shown that the husband had sexual intercourse with his wife twelve months previous to the birth, as there seems to be a great variation. Some as soon as 233 days, and others as late as 313 days; in a very few cases over 360 days; hence, who knows which is the case when he is called to decide, that it was irregular. I have had cases when it was shown that the husband and wife had not had sexual intercourse for more than ten months, the court quickly granted a divorce to the other when it may have been the exception to the rule and no divorce should have been legally had on the grounds of adultery, as was the charge in such cases.

Therefore for a child to be legitimate, it must have been born in lawful marriage, or if born before the marriage, the father and mother subsequently marry, the child is thereby made legitimate. (24 La. Ann. 580; 26 Vt. 653).

In Maine, Pennsylvania, Illinois, Michigan, Iowa, Minnesota, California, Oregon, Nevada, Washington, North Dakota, South Dakota, Idaho, Montana and New Mexico, marriage of the parents legitimatizes an illegitimate child.

In Massachusetts, Vermont, Illinois, Indiana, Wisconsin, Nebraska, Maryland, Virginia, West Virginia, Kentucky, Missouri, Arkansas, Texas, Colorado, Idaho, Wyoming, Georgia, Alabama, Mississippi and Arizona, in addition to the marriage of the parents, the father must have acknowledged or recognized the child as his. This form of acknowledgement varies in different States, but generally speaking, if the husband or wife with the consent of the other acknowledges the legitimacy, the child will have all the rights as if born in lawful wedlock.

A child born after the death of its father is called a posthumous child, or when the Caesarean operation is performed after the death of the mother. The doctrine is universally adopted throughout the United States that such children inherit in the same manner as if born during the father's or mother's life, and this relates back to the conception of the child if born alive.

The Court will allow a longer time than nine months for the birth of the child, when the opinion of the physician or circumstances warrant it. In a few States the time within which such child must be born is limited to ten months after the death of the father. (31 Fla. 139).

Its civil rights are equally respected at every period of gestation; it is capable of taking under a will, by descent, or under marriage settlement.

The time limit fixed by some States lays a foundation for a great wrong to be done to an innocent child. There may be a case where the child may have been begotten the day before the death of the father, the father may have been killed when enjoying the best of health and conception may not have taken place for twenty days and the child may be carried for twelve months, as has been shown in the past. The father may have died, leaving a vast estate, should the child be caused to suffer the stigma of illegitimacy and forfeit its legal right to inherit its share of its father's estate because an ill-advised set of ignorant lawmakers decree that the mother shall give it birth in ten months when nature had decreed that she should not deliver it for twelve months?

That rule should be that all of the circumstances of the case should be taken into consideration; whether or not the widow was chaste, whether or not she had consorted with any other man since the death of her husband, the history of their previous married life and that of her family, whether or not the husband was impotent, or sterile, the appearance of the child at birth, her station socially and financially, and the admissions she may have made at the death of her husband, the fact whether or not she had menstruated since his death, her temperament and general physical condition should all be taken into consideration in determining the status of the child in cases where more than 280 days shall have elapsed after the death of the husband and before the birth of the child.

There have been cases where the widow upon discovering that her husband had died making no provision for her, or where the husband was the owner of a life estate with the re-

mainder over to his heirs, may have proceeded to produce an heir by having sexual intercourse at once with another man. She might conceive at once and give birth to a child within the ten months and this certainly would be the grossest of all frauds, yet because the legislature had in its blindness so ordained that the child would be legitimate if born in ten months, the rightful heirs would loose their inheritance.

The reason is against the rule and no such rule should ever be adopted by any sane people.

The logical conclusion drawn from the observations among medical experts on gynecology is that it is possible and probable for human pregnancy to be prolonged beyond the usually admitted normal period; but the question how far beyond is rather difficult to answer; though the greater amount of deviation, the stronger and more convincing should be the proofs. As Taylor remarks, "We must be prepared to admit either that conception may, in some cases be delayed for so long a period as five to seven weeks after intercourse, or that there may be a difference of from five to seven weeks in duration of pregnancy."

Wincle states that "A pregnancy may vary from 240 to 320 days and even exceed the latter limit. Nearly seven per cent of the cases are over 300 days."

#### **Premature Births**

An important question in connection with legitimacy is, whether a child in all points fully developed can be born before the ordinary period of gestation? Its bearing upon the subject of legitimacy is direct and important. For instance, a husband, after a long absence, returns to his wife and a fully developed child is born after seven or eight months. Is this a legitimate child? The question is about as difficult to determine as the former one concerning a prolonged pregnancy.

The whole question therefore resolves itself into an uncertainty to be cleared up according to the facts ascertainable in each case, for after all, it is impossible for any man to say that is certain which he is unable to make certain by a mathematical calculation, and the doctor who takes the witness stand and under oath says that is true, which he does not know within mathematical certainty to be true, is either a fool or a knave, and should be placed where he can do no further harm.

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In catarrhal affections of the air passages, hoarseness, affections of the voice of public speakers, an excellent remedy is hamamelis and pure glycerin mixed, in the proportion of one part to two, and used as a lavement, gargle or spray, as often as the case may require.—Summary.



## SOME OF MY OBSTETRICAL EXPERIENCE IN THE COUNTRY

W. W. Wimer, M. D., Honey Grove, Texas

I will first give the equipment of my obstetrical bag. One pair of Hodges obstetrical forceps, one pair umbilical scissors, one pair baby scales, roll umbilical tape, chloroform and an Esmarch inhaler, quinine, pituitrin, Lloyd's veratrum, Lloyd's hypodermic lobelia and gelsemium, Lloyd's ergot and macrotyls, boric acid, liquid antiseptic soap, my hypodermic case and plenty tablets, including H. M. C., and last but not least, a good stock of patience.

In a country practice we have many things to contend with that our city brethren do not have. We have no sanatorium, no trained nurses, an uneducated public and no trained assistants handy if we should need them, consequently we have to have a good stock of patience and plenty of self-reliance.

We can't give every patient chloroform and apply the forceps to make the case quickly over, because some people are afraid of chloroform and forceps, and argument is of no avail.

When we do get a complicated case and need some assistance, frequently it is so inconvenient that time will not permit us to wait, so we have to put on a bold front and do the best we can by our own efforts.

While I carry my forceps I do not use them more than once in fifty cases, because my patrons do not want them used, and as they are paying for the job, I give them their choice.

Chloroform I use possibly once in every ten cases, and I leave it to them as to whether I shall use it or not. I frequently use the H. M. C., also pituitrin, and occasionally I use a hypo of lobelia or gelsemium. As the patient prefers or as the case may require. I leave it to the patient as to what method I use, unless there should be contra-indication to their choice. I am no Carrie Nation reformer when it comes to methods in obstetrics, and I am not going to argue chloroform and forceps to them, when they feel that there is another method that will accomplish as good results by using a little more time. I have had excellent results with the forceps but believe from my own experience that many obstetricians use them too frequently. I don't believe they have any place in a normal labor. It is not a pathological condition, why use surgical interference. I have never seen anything that the Almighty arranged or planned that man could improve upon. Many champions of the forceps argue that it shortens the suf-



fering of the woman. This point I admit, and it also shortens the stay of the physician so he can be about his other business.

I have had about one dozen cases of eclampsia in my own work and have been called to consult in about eight cases. Some were in primipara and some in multipara. In some the convulsions began two weeks before labor, others during labor and one three hours after delivery. In the consulting cases we lost two of the mothers and in my own cases we lost two babies. Three of the cases were breech presentations. In my own work I have had thirty breech presentations and lost two babies and no mother. I have had one breech with the cord down, one occipito with both hands down, one occipito with the cord wrapped three times around the child's neck and once around its body, one shoulder presentation, one occipito with the cord six feet and nine inches long, six cases of twins, one case severe perineal laceration, three cases placenta praevia and three very severe postpartum hemorrhages. I have never had in my own cases a case of puerperal sepsis. I have treated five cases of sepsis that other physicians waited on and lost three of the five.

Lightest baby weighed four and one-half pounds, and the heaviest seventeen pounds. One case twins that each weighed eleven pounds.

Have had about thirty-seven cases of premature delivery, with one death following from sepsis in a consultation case.

I have been fortunate in not having any cases of sepsis fever in my own work, either in premature or full term delivery. If I have been successful I attribute it to the instruction I received under Dr. John R. Spencer of the Eclectic Medical College of Cincinnati, Ohio, and Dr. D. Maclean of the California Eclectic Medical College of San Francisco, Cal.

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The indications calling for *avena* are frequently seen and readily understood. Among the most prominent ones the following are perhaps the most useful: Pain in the head, extending along the spine and down the lower extremities; paralytic tendencies; nervous prostration due to mental strain: sleeplessness and irritability; pain in the occipital region extending into the neck; vagary of thought and manner; neurasthenia; hysteria; melancholia; alcoholism.

The dose of specific *avena* is from five to sixty drops, but it may be efficiently prescribed as follows:  $\mathcal{R}$  *Avena*,  $\mathfrak{z}$ i; water,  $\mathfrak{z}$ iv. Teaspoonful every two or three hours.—Dr. J. W. Fyfe in the Eclectic Medical Journal.

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## WHAT OF THE NEW YEAR!

Among the mountains of central Japan is a village called Nikko. A beautiful village it is, flanked by rushing stream and wooded mountain, but not unlike many another in Japan. The approach to this village is by an avenue of stately Cryptomeria trees, the length and magnificence of which give promise of something more important than a mountain village, even though it be beautiful.

Some three hundred years ago, Ieyasu, one of the great shoguns, was charmed by the beauties of mountain and stream and forest as found at Nikko, and here he often came to commune with nature. Eventually he died and is buried in a simple sarcophagus on the mountain side. Having been a great man and a staunch Buddhist, he was canonized, and a journey to his tomb became a pilgrimage to the faithful. Magnificent temples were erected to his memory, the glories of which have faded but not departed. On the end of one of these buildings high up under the gable may be seen three monkeys beautifully carved in wood. The posture of each of these monkeys is peculiar in that the first one holds his hands

over his eyes, the second one holds his hands over his ears, and the third one holds his hands over his mouth. The intention being to symbolize a Buddhist precept which says: "I will see no evil in another, I will hear no evil of another, I will speak no evil of another," a doctrine said to have been exemplified in the life of Ieyasu; and therefore he is revered by the Japanese as one who was great, giving little heed to the record of his power.

There is no reason to believe that this philosophical precept was originated by Ieyasu or even by Buddha Gaudama. Such sublime ideas have no beginning and no ending. They are coexistent with human life itself. They are the fixed stars that light the footsteps of humanity through all eternity.

#### **"SOME NATIVE REMEDIES WORTH TRYING"**

**H. C. Smith, M. D., Glendale, Cal.**

An editorial, under the above caption, appearing in the April issue of *Clinical Medicine*, had considerable to say regarding Eclectics.

After due consideration, it seems to me to be a case of "damning by faint praise," coupled with some inaccuracies of statement.

After mentioning the devotion of Eclectics to the clinical study of native plant-remedies, the article goes on to state: "Although these observers, more particularly the older ones, may not have been up to the present standard in the sciences underlying the healing art, it does not follow that they were altogether blind or incapable of observing correctly and reasoning logically from their experiences;" said statement being a sort of back-handed inference that these men were ignorant of subjects outside clinical drug study—a very common error on the part of those unfamiliar with their personal histories. It goes without saying, that they were not "up to the present standard in the sciences that underly the healing art," for that statement would be equally applicable to the practitioner of any other school in medicine of that period. But, were these men ignorant of the fundamental studies—medical or otherwise? Hardly.

To gain any accurate knowledge of Eclecticism and its founders, it is necessary to separate the history into two eras. The Eclectics of the first era advanced no so-called irregular dogmas as to the cure of disease, but merely sought to replace the harsh and drastic mineral poisons and the depleting phlebotomy, which their "observation and logical reasoning" had



taught them were detrimental to their patients, by the use of vegetable remedies. They were "separatists" only because the violent opposition of so-called authority drove them from the ranks and compelled them to be such.

It is true that these men, through observation, logical reasoning, or accident—it matters not which, discovered that the withholding of water and fresh air from fever-patients is death-dealing; that the administration of acids when the tongue is thick, white and dirty, or alkalies—especially the alkaline cathartics and diuretics, when the tongue is red, dry and fissured, only serves to further the imbalance already existent in the body fluids; that by examining the urine they could discover many pathological conditions, their origin, location and progress; and thus laid the foundation for the new theory of practice promulgated in the second era. It is worthy of recall, that, because their methods of examining the urine were crude and largely natural, they were deridingly dubbed "Piss-doctors" by the very scientific Regulars, but that this was very promptly forgotten as soon as the aforesaid Regulars began to avail themselves of this diagnostic aid and they refrain most religiously from extending any credit to those to whom credit is due, but slightly refer to the ignorance of the Eclectics.

Let us investigate their educational qualifications. Wooster Beach, the father of Eclecticism, had availed himself of the best that the New York colleges afforded; added an extensive (for that period) knowledge of botanical therapeutics; studied abroad, and was a prolific writer on medical subjects, as well as a collector of anatomical and pathological specimens. During the period from 1823 to 1850, when he and Dr. Morrow were actively engineering the destinies of Eclecticism, the Eclectic colleges followed the curriculum as taught in the foremost Allopathic colleges, using the same text-books with the exception of "The American Practice of Medicine," the first revised edition of which bears the following on the title page: "By Wooster Beach, M. D., Member of the Medical Society of the City of New York; Professor of Clinical Practice in the Eclectic Medical College of Cincinnati, and of Syracuse; Corresponding Member of The Royal College of Physicians and Surgeons of Berlin, Prussia."

In 1850, Dr. Benj. L. Hill, of Cincinnati, published "The American Eclectic System of Surgery," the first of a series of Eclectic publications on various medical subjects, especially those in which treatment—and more especially drug-therapy, is a factor.



Dr. Thomas Vaughn Morrow, the successor of Wooster Beach, was educated at Transylvania University, graduated from a Regular medical college in New York City, then from the Reformed Medical College of the same city; and, during his rather short life, was an indefatigable student and teacher.

Space will not permit consideration of all the early Eclectics concerned in shaping the destinies of the school, who were also graduates of Regular medical colleges, or held degrees from literary institutions, or both. These men were salaried instructors in the Eclectic medical colleges; possessed the time, talent and inclination for original investigation, and were investigators not to be desposed, as they experimented upon themselves—as well as upon their patients, especially along the line of drug-action.

The man who, above all others, was the connecting link between the first and second eras of Eclecticism, was Dr. John King, a man who "at the age of nineteen was master of five tongues; at twenty-two lectured in the Mechanics' Institute of New York, on Magnetism and its relations to the Earth, to Geology, to Astronomy, and to Physiology;" was a student throughout his life and a close associate of Dr. Scudder, helping him to launch the second era of Eclecticism. He discovered and introduced resin of podophyllum (podophyllin), resin of cimicifuga (cimicifugin or macrotin), and oleo-resin of iris (irisin). (Should I say "podophylloid, macrotoid, and irisoid?") He was a voluminous writer and the author of a number of text-books. His "Chronic Diseases," published in 1866, after an interim of fifty years, would make most practitioners better physicians and better able to handle chronic ailments today were they to study the book carefully.

Then came Dr. John M. Scudder, who not only possessed great native ability, but the determination to succeed regardless of obstacles; who sat up night after night teaching himself not only Greek and Latin but the modern languages, and perusing the medical literature of his own and other countries.

While Dr. Chas. J. Hempel had endeavored for a number of years to interest Homeopaths in pathology and to reconcile their symptomatology with pathological findings, but without any notable success; Dr. Scudder had also made a study of Homeopathy, noting the advantages and utility of their findings and of reconciling them with pathological findings, but unable to convince himself of the correctness of their law of cure: "*Similia similibus curantur.*" Being a deep student of pathology, and assuming the professorship of Theory and

Practice of Medicine, and Pathology in the college in 1859, he evolved and elaborated what he brought to the attention of the profession in 1869 as Specific Diagnosis and Specific Medication.

While this has been improved upon somewhat in the intervening years, a reperusal of his early writings in this line discloses not only nearly everything that distinguishes Eclectic practice from other methods today, but nearly everything of value in "Alkaloidal or Dosimetric" therapy.

He taught that Nosology is of utter inconsequence insofar as the medical treatment of disease is concerned. His study of pathology and clinical medicine had taught him that it is the organ involved and the nature of the involvement that determines the course of a disease and the signs and symptoms arising from it; that "like causes always produce like effects," and these effects are only modified by collateral or extraneous conditions; also that these involvements are evidenced by certain signs and symptoms indicating their source and character: e. g., a pathological condition involving the nerve-supply to a part generates different signs and symptoms from those arising from involvement of the blood-supply or lymph-supply of the same part. This method of interpreting the signs and symptoms he termed Specific Diagnosis.

As no man can do good work without good tools, and his knowledge of drugs, their origin, preparation and mode of action, had taught him that it is necessary to have a good crude drug, to have this properly prepared, and then to know how it will act after it is taken into the body; he turned the important work of selection and preparation over to Prof. John Uri Lloyd, named the preparations Specific Medicines and had the labels copyrighted for the sole purpose of maintaining their high standard and thus protecting physicians from spurious imitations.

Having reliable remedial agents with which to work, he knew that they affect certain tissues in definite ways whether such are healthy or diseased, and deduced that if a pathological condition is producing irritation of the nerves supplying an organ or part and a remedy is administered that is a sedative to that nerve-supply, then one can confidently expect a subsidence of the irritation in every instance, and the removal of the causative factor by the system during the process of restoration to normal in most instances; or, if the pathology is an abnormal circulation in the parts, the signs and symptoms will so indicate and it will be necessary to administer some

remedy exerting a specific influence upon the blood-supply to the parts or upon the general circulation, as the case may be, to accomplish the same results. To the grouping of signs and symptoms indicating the source and character of the pathology he applied the term Specific Symptomatology, and the direct application of remedies to this symptomatology he termed Specific Medication. He claimed "that all agencies employed in the treatment of disease should act in one of two ways—removing the depressing cause, and increasing the vital powers for better resistance and subsequent restoration of structure and function." "That disease, wherever met, and in whatever form manifested, is an impairment of vitality; that causes of disease are depressing, and whilst they exist, lower vital power." His slogan was: "*Vires vitales sustenete*"—sustain the vital powers; advising the administration of remedies in the smallest doses that will obtain desired results—a radical departure from prevailing and accepted practice of the dominant school and that of the early Eclectics, even.

No history of the Eclectic Fathers would be complete without that of Dr. Howe. Andrew Jackson Howe was to Eclectic surgery what Dr. King was to its *materia medica* and Dr. Scudder to its therapy. A graduate of Harvard University and a naturalist of no mean ability, he not only possessed a thorough knowledge of Eclectic medicine but had attended several Regular medical colleges as well. Possessing a thorough knowledge of human anatomy, he also had made, and published accounts of, autopsies of various lower animals, including an elephant and a whale. Nearly forty years ago he was drumming away at the medical profession, through the medium of the medical journals, in an attempt to persuade physicians to pay more attention to histology.

Enough as to the qualifications of the early Eclectics except that most of them scarcely would have felt like calling themselves "free-lances" merely because they gathered from whatever source was open to them. I believe that the appearance of toadying to so-called authority given to Dr. Waugh by the statement: "especially when the remedies had also been tried to some extent by regular practitioners" is belittling to him. What constitutes a "regular practitioner?" Does the fact that I am also a graduate of an Allopathic college make me any more a "regular practitioner" than I was before I received its diploma? The inference that only Allopaths are "regular practitioners" is a gratuitous insult that they have freely peddled out to Eclectic and Homeopathic practitioners for "lo,



these many years." Possibly Leonard Keene Hirshberg, the publicist, who heads his effusions in the public press with his picture and his A. B., M. A., M. D., (Johns Hopkins), is the true type of a "regular practitioner?" If so, and the following from his pen, clipped from a daily newspaper, is a fair sample of the goods displayed, then I, for one, am glad that there is a separatist school with which I may identify myself; it reads: "Nowadays, all the wise who know, say: 'Use the knife first, physical measures next and drugs never, or at least, last.'" If this is the voice of infallible scientific authority, small wonder that the laity are losing faith in us and deserting us for Osteopathy, Chiropractic, Christian Science, Weltmerism and Apostolic faiths. Candidly, the wise who know—in fact, any who have had any practical experience, say: "Such vaporings are the veriest drivel," still it is spread abroad in the land as "education" and is given credence because of good repute of Johns Hopkins. More shame to Johns Hopkins!

Quoting farther: "American writers and compilers have closely followed their European teachers, and, except Bartholow, scarcely one has had the courage to investigate the Eclectic works." This statement is entirely too broad unless the British authors are excepted, for they have investigated the Eclectic works. Phillips in particular quotes from such sources quite extensively in his *Materia Medica and Therapeutics of the Vegetable Kingdom*. A number of other British text-books on this subject are more thorough and complete in their treatment of plant-drugs than are those of American authors of the dominant school. "Now that we are cut off from our German sources of supply it well may be that among our wild-growing plants, as used by certain American practitioners, we can find some neglected resources of value," is a sad commentary on the lack of broadmindedness which characterizes the American branch of dominant and self-styled scientific medicine.

I hardly see the truth or justice in the following statement: "The Eclectics, on their part, have followed a similar, though opposite, course, and have confined themselves to their own peculiar *materia medica*, with some material taken from the Homeopathsists." In what way have the Eclectics restricted themselves in the study of *materia medica*? It is true that not the same stress is placed upon mercury and some other mineral poisons, and the recommended dosage of the preparations discussed is small; but it is equally true that a more rational dosage and therapy of these same drugs than pre-

vailed in former years are now found in the Regular text-books—a reform due to the influence of Eclectics and Homeopaths—Dr. John B. Nichols to the contrary notwithstanding. Perhaps reference is made to the serums, vaccines and animal extracts. To this we can truthfully say: “We have saved much valuable time, type and book paper.” Aside from anti-diphtheric serum, smallpox vaccine, and thyroid extract, there was so little of definite value prior to 1912, that I believe that we have done the profession a kindness by not burdening our text-books with discussions of them and their actions. Future works will undoubtedly contain all accurate information on this branch of therapeutics.

We, the caudal appendage of Eclecticism, are almost bursting with pride since it has been discovered that Prof. Lloyd, who is our “head and front,” has made us “respectable and honorable.” Seriously, we need no outsider to inform us of the “genius and scientific proficiency” of John Uri Lloyd, nor to direct our attention to the value of the “specific medicines;” but we shall be hard to convince that he is our authority on therapeutics or that he is the author of the abstracts ascribed to him, when we are well aware that he is not a physician and makes no pretense of knowing aught of practical therapeutics, but, of course, does possess special knowledge in the line of pharmacy and pharmacology.

It does give me keen pleasure to see Prof. Lloyd, the Cincinnati Eclectics associated with him, and Dr. Ellingwood, given the recognition and honor due them; but am strongly of the opinion that those other virile Eclectics in Chicago who preceded, as well as those contemporaneous with Dr. Ellingwood and who gave freely of their time, money and, in some instances, even sacrificed health in an effort to keep the colleges alive and advance the cause of Eclecticism, probably had a salutary effect toward postponing the demise of the school. It might “have died long ago” had not those valiant Eclectics of New York, Indiana, Iowa, Georgia, Missouri and Nebraska kept up the battle against strong odds for many years. The San Francisco Eclectics also made themselves factors in its existence until the disaster of 1906 destroyed their holdings, and they, as well as the Los Angeles Eclectics who continued the work thereafter, at least, deserve a little favorable mention.

When the editor states that “with the full and unqualified recognition of the merits of our native materia medica, the last excuse for the existence of Eclecticism will have passed, and it

will have finished its work," and that "Waugh feels convinced that there are many remedies of real virtue among these native plants, but that the evidence as to their powers and applicability is suggestive rather than conclusive in most cases," it distinctly demonstrates that both, like the great majority of Alkaloidists and of Regulars in general, have failed utterly to grasp the fundamental principle of Eclectism, the which has kept Eclectics struggling for its perpetuation. That principle is Specific Diagnosis. There can be no Specific Medication without a preceding Specific Diagnosis. I have not the space to elucidate farther than I already have on this line, but wish to call attention to an article on *Phytolacca* in the June issue of *The California Eclectic Medical Journal* as the best example of modern Specific Diagnosis and Specific Medication of which I have knowledge. The evidence of the powers and applicability of any remedy will be suggestive rather than conclusive in most cases until our knowledge of pathological anatomy, pathological physiology and of diagnosis becomes a great deal more exact than at present, but the aforesaid article is a noteworthy step in the right direction.

Too many physicians, Eclectics included, imagine that Eclecticism consists of learning the formulae upon the "specific medicine" bottle-labels, and that an Eclectic shies off from anything approaching scientific medicine like a mule from a rattlesnake; and entirely too many so-called Eclectics, when some conceited prig of the Allopathic persuasion, whose knowledge of drug therapy consists of prescribing a round of calomel for every patient and of knowing that quinine sulphate is disastrous to plasmodium malariae or bed-bugs—he's not quite sure which, but, beyond that, depends upon the detail of men from the drug houses, begins to swell up like a pouter pigeon and says: "Specifics? Humph! There ain't no such animal. I practice scientific medicine, too," etc., ad nauseum. 'Tis this, more than anything else, that is responsible for the asthenic state of Eclecticism at the present time. Too much desire to ride in the band wagon.

Scientific pharmacologic investigation is right and proper, and, to my mind, one of the most important steps taken in recent years by the dominant school who are the legitimate ones to pursue this line of investigation, as they control not only the endowed institutions but also the state universities, excluding the Eclectics and Homeopaths unless these accept a chair or two and furnish independent financial support notwithstanding the fact that both are compelled to support these



universities through taxation whether they enjoy any rights or representation or not. The dominant school has the money and the men to pursue these investigations; why shouldn't they? On the other hand, the investigation of drug-action after the manner of the Homeopathic provings, is essential to accurate knowledge of this branch of medicine, and, finally, the remedies must be tried out in the crucible of clinical experience before drug-action will have become an exact science. Co-ordinately, this science of drug-action must be made to assist Dame Nature in antagonizing and overcoming the processes of disease-action by those methods, the foundations of which were laid in 1859 by Dr. John M. Scudder, and which have been responsible for the continued struggle of Eclecticism for existence, rather more than the failure of so-called Regular medicine to recognize and accept the native *materia medica*, although both of these factors have played an important role. Furthermore: There is no more reason for the extinction of the so-called irregular schools in medicine than there is for the extinction of all political parties but the Democrats at the present time. An active opposition is always a stimulus to more active endeavor in any line.—Clinical Medicine.

### LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY

The regular monthly meeting of the Los Angeles County Eclectic Medical Society was held on December 7, 1915, at the office of the President, Dr. O. C. Welbourn, 819 Security Building.

Owing to the absence of the President, Dr. O. C. Welbourn, and the Vice President, Dr. Young, Dr. A. P. Baird was elected to serve as President Pro-Tem.

Minutes of the previous meeting were read by the Secretary, Dr. J. Fraser Barbrick. Minutes were approved as read.

Motion by Dr. Brown, seconded by Dr. Smith, that the Los Angeles County Eclectic Medical Society be disbanded. Motion carried.

Motion by Dr. Brown, seconded by Dr. Smith, that Dr. A. P. Baird be elected temporary president and Dr. H. Ford Scudder be elected temporary secretary of the meeting. Motion carried. Drs. Baird and Scudder assuming the respective chairs to which they had been elected.

Motion by Dr. Brown, seconded by Dr. Cox, that a committee be appointed on organization. The president then appointed the following: Drs. Brown, Cox, Smith and Scudder. This committee then adjourned and later reported and sub-

mitted seven recommendations, which were unanimously adopted, as follows:

Your committee recommends,

**First:** That the name of this society shall be "The Los Angeles Eclectic Medical Society," organized for the purpose of the study of scientific medicine and the furtherance of Eclecticism, local, state and national.

**Second:** Active Members. This society may receive as Active Members, persons of good moral character and professional standing who are graduates of a recognized medical college conferring the degree of "Doctor of Medicine," and who are licentiates in medicine in the State of California.

**Third:** Associate Members. This society may receive as Associate Members, persons of good moral character and professional standing who are graduates of a recognized medical college or who are licentiates in medicine in the State of California.

**Fourth:** None but active members shall be elected to office or serve on committees.

**Fifth:** That a committee be appointed by the President to draw up a constitution and by-laws to report at a meeting to be held the first Tuesday in January, 1916.

**Sixth:** Your committee also suggests that the President appoint a committee of three as a Board of Censors at the present meeting.

**Seventh:** Those present at this meeting who are eligible shall be considered Charter Members, and such others who are eligible and shall present their applications at or before the next meeting shall also be considered as Charter Members.

The President then appointed the following committees:

Committee on Constitution and By-Laws—Drs. Roath, Scudder and Brown.

Board of Censors—Drs. Cox, Smith and Roath.

Motion by Dr. Brown, seconded by Dr. Roath, to adjourn and meet at the office of Dr. O. C. Welbourn, 819 Security Building, on the first Tuesday in January, 1916. Carried.

H. FORD SCUDDER, M. D.,

Secretary Pro Tem.

### NEWS ITEMS

**FOR SALE**—The widow of a physician, recently deceased, has both instruments and books to sell, at reasonable prices.

Dr. I. Woodin, Independence, was a visitor in Los Angeles recently and accompanied a patient from the Westlake Hospital to his home.

Dr. Frederick J. Cook, formerly located in the Exchange Bldg., has returned to the same place and opened an office.

Dr. John Buckingham, C. E. M. C., 1915, writes from Big Pine, California, that his practice continues to grow and that he likes the people and country.

Dr. Orah Allen, C. E. M. C., 1915, had the honor of making the highest average grade of all applicants at the last meeting of the Nevada State Board of Medical Examiners.

The Eclectic Review of New York suspended publication with the December issue. We are very sorry and hope the suspension is only temporary.

The California Board of Medical Examiners held their regular meeting in Los Angeles during the second week in December. The next meeting will be in San Francisco in January.

The last and final meeting of the Los Angeles County Eclectic Medical Society was well attended and the paper read by Dr. Scudder was thoroughly discussed—especially as to the therapeutics of *Elaterium* and *Apocynum*.

The Los Angeles Medical School of Ophthalmology and Optometry have issued a very attractive bulletin for 1916, which will be their twelfth year. The booklet contains full information in regard to all departments of the school, also gives much general information concerning the different state optometry laws and C. M. B. Ketchum, M. D., is the president.

Dr. E. B. Lowry has added another book to her series. This is "Your Baby," a guide for young mothers, and is full of useful information for the prospective mother concerning the health and care of her baby and herself. All of Dr. Lowry's books are excellent and can be safely recommended. The price is \$1.00 net and the publishers are Forbes & Co., 443 S. Dearborn St., Chicago.

At the December meeting of the California Board of Medical Examiners important action was taken regarding the requirements for applicants for drugless certificates, which are as follows:

**Six Year Class.** 1. Fee \$50.00. 2. Satisfactory proof of good moral character. 3. Three years practice in California. 4. Resident one year course. 5. 1000 hours in school approved

by Board 6. Proof of competency in applicant's system of drugless practice.

**Three Year Class.** 1. Fee \$25.00. 2. Satisfactory proof of good moral character. 3. Resident one year course. 4. 1000 hours in a school approved by Board.

Resolutions were passed stating that notwithstanding the approval of the California Chiropractic College automatically expired December, 1915, the Board wishes it understood that it is **not** approved at the present time.

Dr. J. C. Reinsmidt, graduate of the C. E. M. C., 1911, was successful in passing the last examinations of the California Medical Board. The doctor's address is 119 N. Hobart Blvd.

Dr. Lawrence P. Keegan, formerly of Santa Barbara, is now located at Esparto, Cal.

Dr. D. A. Stevens, who is located at Holtville, was a visitor in the city at Christmas time.

Dr. and Mrs. H. T. Webster, Oakland, spent a week in San Diego then visited for a week in Los Angeles during December. Dr. Webster looks younger every year.

Dr. J. A. Munk entertained Dr. and Mrs. Webster from Oakland, at his ranch near Compton, Christmas Day and the following Sunday.

Dr. Edward C. Galsgie, formerly of Burke, California, has opened an office in Reno, Nevada, for the practice of his profession. Later Dr. Galsgie may build a sanitarium.

Dr. Cecile Lenore Greil, one of the survivors of the Ancona massacre, is a graduate of the New York Eclectic College in 1910, and was formerly assistant neurologist to Mt. Sinai Dispensary in this city.—(Exchange).

Dr. Laura E. Rauch, graduate of the C. E. M. C., 1915, has opened an office in Sawtelle, California.

### RACHITIC CHILDREN

The value of cod liver oil in rachitis has been so thoroughly demonstrated that there can scarcely be any question on the score of therapeutic efficiency, so the only problem arising in the use of cod liver oil in rachitis would be on the point of palatability, and if Cord. Ext. Ol. Morrhuæ Comp. (Hagee) be adopted, then this is at once settled. Cord. Ext. Ol. Morrhuæ Comp. (Hagee) contains the essentials of the crude oil—the elements that give to the oil its well-marked therapeutic and nutritive properties.



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## ❖ Original Contributions ❖

### MALPOSITIONS OF THE UTERUS.

Dr. Orah Allen, Los Angeles.

(Read before The Los Angeles Eclectic Medical Society.)

One of the best authorities on Gynecology defines this condition as a displacement of the uterus, in which there is but a slight change in its axis. This seems to me as only relative, for in a badly retroverted uterus the fundus must describe a quarter of an arc in being replaced to normal.

The dislocations may be forward, backward or lateral. They may be acute conditions, but are more frequently chronic, and the organ is more or less fixed in the abnormal position.

Diagnosis of the situation of the uterus can be made by bimanual examination in which the fixed position and the abnormal location can be determined. The use of the uterine sound is an advantage in diagnosis, but is attended with danger of infection unless strict asepsis is employed. Bimanual examination per rectum may also aid in diagnosis.

Any abnormal condition which increases the weight of the uterus increases the tendency to its antedisplacements as well as the retrodisplacements.

Foremost among the causes are metritis subinvolution of the uterus; pelvic cellulitis occurring in the posterior portion, or in the uterosacral ligaments, fibroids in the fundus or ovarian growths. It may be the result of congenital conditions.

The antepositions do not cause as serious symptoms as the retropositions, in fact the anteversions present no characteristic symptoms, only those associated with the complications by which it is produced. There may be frequent micturition and pressure on the bladder.

To ante flexion is frequently attributed sterility and dysmenorrhea, but these conditions are perhaps never present unless it is complicated by inflammation which affects the cervical canal.

The retropositions cause dragging on the ovaries and tubes which produces plenty of symptoms. Sensation of weight in the pelvis, menorrhagia, profuse leucorrhea, dragging sensations, pressure on the rectum which may interfere with its circulation and develop hemorrhoids, constipation, etc.

Lateral version, either dextra or sinistra, may follow the removal of one ovary, a unilateral inflammation of the broad ligament or may be caused by pressure of a tumor. The symptoms are not marked.

Prognosis of displacements depends upon their degree and upon the complications. In the earlier stage when the symptoms arise from increased weight of the organ, the correction of the position and maintaining it in its normal location will be sufficient to bring relief, but after the displacement has existed for some time and inflammatory changes occur the prognosis is not as good and the treatment becomes more complicated and often surgical.

Treatment of malpositions varies greatly because of the complications which accompany or rather cause them. It should be hygienic, constitutional and local. The patient should be suitably dressed, that is, the weight of her skirts should be supported from the shoulders, and she should not wear clothing that constricts the waist, thus causing the intestines to crowd down upon the pelvic organs.

Under medicinal treatment come the tonic remedies and those that are indicated in relaxed tissues as hydrastis, helonias. Those used in menstrual disorders as aletris, pulsatilla, macrotys, black haw, gossypium and caulophyllum.

Douches of potassium permanganate or of bichloride followed by saline or boric acid solutions are used in treatment of some of the symptoms. Astringents may be needed in douches.

Tampons are used as supports to the heavy fundus or as a method of applying medication to the cervix. They maintain the uterus at a higher level, which favors a better circulation. This aids in absorption of exudate, etc.

Electricity has a value which cannot be denied in the treatment of pelvic diseases. High frequency is used with success in dysmenorrhea. The most beneficial results of the sinusoidal current are seen in the absorption of pelvic exudates in chronic pelvic inflammations. While the infantile type of uterus is not classed among malpositions, it can be mentioned in connection with electrical treatment for excellent results are obtained by the use of electricity in the case of under-development.

Pelvic massage is another valuable method of treating malpositions. It is spoken of often in Montgomery's Gynecology, in

which he cites many cases that were under his supervision in the Munich clinics. Pelvic massage is always contraindicated in the presence of pus formation whether it is in the tubes, in the pelvic tissues, or, in fact, anywhere in the pelvis.

It is indicated in subacute and chronic inflammations of the pelvic organs (unassociated with pus formation), in malpositions that have become fixed by inflammatory adhesions, in subinvolution and in hypertrophy of the uterus from chronic interstitial inflammation.

The procedure is of value in promoting drainage, in facilitating metabolism and in reducing the size of the uterus. The latter is done by aiding absorption of inflammatory exudate within its walls. The circulation of the entire pelvis as well as the uterus itself can be improved by judicious and careful pelvic massage. Adhesions that are not too firm or of too long duration can be stretched and loosened.

Edgar mentions pelvic massage in his treatment for subinvolution. The treatments should not last long, from three (3) to ten (10) minutes being sufficient.

Massage may be supplemented by the use of tampons, the value of which has been mentioned before.

Surgery is often employed in the treatment of malpositions, the retropositions being more truly surgical than the antepositions. Montgomery describes some twenty-five (25) different operations or modifications of similar operations for displacements of the uterus.

In ante flexion the sharp curette is used. Part of the endometrium removed, the uterus straightened up and a hard rubber pessary put in and left for ten (10) days.

In retropositions the ventral fixation or ventral suspension operations, also those in which the round ligament is shortened are used. Of these the Howard-Kelly operation is perhaps best. The object in this one is to develop an additional ligament. The fundus is brought up to the anterior abdominal wall and the adhesions between the perineal surfaces will gradually develop into a ligament from one-half ( $\frac{1}{2}$ ) to an inch and a half ( $1\frac{1}{2}$ ) in length.

Treatment of malpositions also varies according to the age of the patient. After the menopause treatment is often only palliative due to the relaxed conditions of the tissues.

### **PISCIDIA ERYTHRINA.**

**Herbert T. Webster, M. D., Oakland, Cal.**

Sometime in the late seventies this medicine was introduced to the medical profession as a new remedy by Parke, Davis &

Co., in a publication issued by that firm at Detroit under the name "New Remedies." It—the remedy—attracted considerable attention at the time of its introduction, and has had considerable use since, though it is not liable to ever become any great favorite with the profession at large.

History often repeats itself. This is so as regards Jamaica dogwood. In Beach's "Materia Medica" we find this remedy mentioned, and considerable information as to its therapeutic action imparted. I will quote what is there printed germane to its therapeutic action:

"Dr. Hamilton, during a visit to the Antilles, was struck with the powerfully narcotic effects produced on fish by the bark of the root of this tree. Inferring that it might be useful as a medicine, he prepared a tincture made by macerating the bark of the roots, gathered during the period of inflorescence and before the appearance of the leaves, in four times its weight by measure of rectified spirit for twenty-four hours and filtering. He took, when much afflicted with toothache, a dram measure of this mixture in a tumblerful of cold water, drank it off and watched its effects, which were markedly anodyne and hypnotic, and on awaking from sleep his pain had wholly disappeared. He subsequently used it as a topical application to carious teeth, introducing it on a dossil of cotton into the diseased cavity; and after a single application he never heard of a return of pain in that tooth."

This report suggests a selective action upon the fifth pair of nerves; and later investigators developed its virtues in tie douloureux and other forms of facial pain, as well as in toothache. Neuralgic states in other parts of the body were also found to be much benefited by it, though not as markedly as pain in the branches of the facial nerve. This placed it in the same class with piper methysticum and plantago major.

Another valuable place for it was found to be in headaches, of which its most valuable place for exhibition was migraine. Sick headache is often benefited by this remedy, though where vomiting is persistent it is sometimes difficult to retain the remedy long enough to get the desired effect. In these days of hypodermic medication, however, we may use a proper form of the drug in such a way that its therapeutic action may be derived without the aid of the stomach. The form of migraine which depends upon orificial irritation, however, offers a more permanent and satisfactory cure through surgical means.

Jamaica dogwood is now hardly employed so frequently as in the first years after its later introduction. Other remedies



have seemed to throw it into the shade and it has been largely forgotten.

The late Dr. John Fearn thought a great deal of it, and at one time used it in his practice upon frequent occasions. In one of his articles he extolled it in *tic douloureux*, and in neuralgia of the kidney, simulating the pain of renal colic. Dr. Kent O. Foltz found it of value in neuralgia of the eyeball; preferable in its action to that of opium, especially where that drug was not well borne; though he had little use for it in pain of the middle ear.

Its general soothing effect upon the system is something akin to that of *pulsatilla* and *passiflora*, though it does not control mental perturbation like *pulsatilla*; nor, perhaps, all forms of nervous tension as well as *passiflora*; but it is a more pronounced hypnotic than either, and will therefore be preferred in many instances of nervousness with painful complication. In some cases of hysteria, where more or less pain is present, it is often very useful, though of course only temporary in action.

I have found some benefit from this remedy in dysmenorrhea. Some such cases are difficult, though *pulsatilla* is the classical remedy; but I have seen some cases where *piscidia* proved better than any other remedy tried.

It is a good idea to look over "has beens" occasionally for fear we drift away from things that are really worth preserving. Unless Eclectic medicine becomes disembodied, it needs all its well established therapeutics and much more to shine in the future as well as in the past.

The Homeopaths, who are usually very industrious searchers after therapeutic facts, have given this agent little or no notice. Hale, who raked Eclectic therapeutics pretty well over to supply his "New Remedies" with material, neglected to mention it, and I find it in none of the Homeopathic works in my possession. It has not been so much neglected by old school authors, however. Shoemaker, in his "Materia Medica," gives it quite a prominent notice, and suggests some uses which it may be worth while to observe. He notes, as follows:

"Jamaica dogwood, in hemorrhoids, has been successfully used locally in conjunction with the acetate of lead. A cloth saturated with the fluid extract has been found efficient in superficial burns and scalds. Flagg states that the fluid extract of Jamaica dogwood has been found to possess decided value as a local and systemic analgesic. In general practice this combination of effect is frequently desirable, and in dental practice it will be found especially desirable in treatment of periodontitis,

alveolar abscess, pulp irritation, and other painful conditions within the oral cavity; as topical applications, with directions to swallow the saliva, promptly induce relief. Internally, Jamaica dogwood allays pain, relaxes spasm, quiets reflex excitability and promotes sleep. It is consequently well adapted to act as a substitute for opium, especially when, as is not infrequently the case, the latter drug is not well borne. In the various forms of neuralgia, including sciatica, piscidia has proved of value. Gastroenteralgia, consequent to typhoid fever, has been notably relieved by it. In the lancinating pains of locomotor ataxia it has, however, proved inefficient. In pelvic neuralgia, the pain produced by fibroma of the uterus, and in dysmenorrhea, piscidia has been found of much service."

Ellingwood, in his "Materia Medica," furnishes us with several timely hints as to a wider application of the drug. He suggests a particular application of the agent to insomnia due to nervous excitement, mental anxiety, worry or anxiety, and in elderly patients, neurasthenics and children. He commends it in inflammatory states, and to promote sleep in inflammatory rheumatism. He further states that it produces relief in spasmodic cough, and relieves the irritation in bronchitis, thus controlling the cough to great extent, and also the cough of phthisis.

It has been commended by some to control false pains of approaching labor, while it steadies and obtunds normal labor pains, rendering parturition more speedy and less excruciating. The accoucheur will often find this agent a worthy resort.

### **PLACENTA PREVIA.**

**C. M. Chandler, M. D., Salt Lake City, Utah.**

That the placenta may be found over the os uteri was known since Hippocrates' time, but it was believed to have prolapsed from its normal fundal insertion.

Today we know that it may attach itself to any portion of the uterus, the most common site being the posterior wall, next the anterior wall, then the sides, and then the lower uterine segment; the fundal insertion being the most rare.

Placenta previa is the development of the placenta in part, or wholly within the zone of uterine dilatation, and it is said to occur ten times more frequently in multiparae than in primiparae and in general once in a thousand cases, although figures by different authors vary greatly. Low insertion increases with multiparity and age. Central placenta previa occurs in less than one-fifth of the cases.

Predisposing causes are chronic endometritis, subinvolution and multiparity.

It is not known, except theoretically, how the placenta grows over the internal os, and this question has given rise to much discussion.

Hemorrhage is the first and most constant symptom, occurring in the last three months of pregnancy. The origin of the hemorrhage being from both the placenta and the placental site.

In central insertion of the placenta, the bleeding occurs earlier than in the other varieties, but exceptions are noted. In my own practice one such case went to full term with no loss of blood, as have a number marginal cases, including a twin pregnancy with two placenta.

When the implantation is central the pains are weak, and are therefore unfavorable.

Placenta previa affects the course of pregnancy and premature labor is common, and postpartum hemorrhage frequent.

During the puerperium the patient requires careful watching; bits of placenta may remain adherent and become infected or coagula clinging to the cervical walls may decompose, and the close proximity of the placental site to the septic vagina may give rise to a general infection.

Placenta previa statistics show a mortality of from 5 to 19 per cent., and 48 to 55 per cent. for the mothers and children respectively.

Diagnosis: A painless, causeless hemorrhage or hemorrhages in the last three months of pregnancy will enable us to diagnose placenta previa, but should be verified by a vaginal examination, made under strictly aseptic conditions and with the utmost gentleness to avoid further separating or tearing the placenta.

Patient should, when possible, be removed to a maternity hospital, where conveniences and trained assistance may be had.

If there be as much as two fingers dilatation the membranes should be ruptured and the conical rubber dilating bag inserted, care being taken to place it upon and not under the placenta. It may then be filled with a .05 per cent. lysol solution with a bulb syringe, and light traction applied to the tube of the bag.

The resulting pressure controls the hemorrhage and stimulates regular and increasing strength of pains, forcing the head downward and its pressure takes the place of the dilating bag. If the head should not descend version should be done, and a foot be brought down, thus plugging the os with the child's body

and labor be permitted to progress without assistance until the lower uterine segment be fully dilated, efforts to hasten the delivery being liable to lacerate the cervix, producing serious or fatal hemorrhage.

If the patient be a primipara, and the os closed or nearly so, or if the placenta completely cover the os, Cesarean Section should be performed. This latter course is advocated for all cases by some, but is not recommended by many of our foremost obstetricians.

In connection with this paper I would like to report an odd case of placenta previa which occurred in my practice.

A lady, the mother of four children, telephoned me about 2 a. m. that she was in labor, and I was at her bedside a half hour later. She was blanched, pulse weak and rapid, complained of great and continuous pressure through the abdomen, said that after telephoning me she had fainted. There was no visible evidence of hemorrhage, and I was at a loss to account for her condition. A digital examination showed about two fingers dilation of the os, and, because of her distress, I assisted in the completion of the dilatation and ruptured the membranes, with but slight relief of the pressure symptoms; labor, however, advanced rapidly, and soon a well developed child was delivered, although the mother had distinctly felt movement after telephoning me.

While awaiting uterine contractions I did artificial respiration on the child, without avail. Within a few moments the placenta and two large slugs of blood, coagulated evidently under pressure, were expelled. It was evident that there had been a placenta previa lateralis, the uterine contractions, loosning the placental attachments, had permitted the hemorrhage behind the placenta before the rupture of the membranes.

Fearing more loss of blood the fundus of uterus was held firmly in the hand, in spite of which, a few moments later and without relaxation of the uterine body, the floodgates opened wide, which left the woman almost in a state of collapse. Normal salt solution was given subcutaneously and by bowel, with good results. The patient made a complete recovery and has had a normal pregnancy and labor since that time.



**“COLORLESS IODINE”****John Uri Lloyd, Phar. M., Cincinnati, Ohio**

(Written in 1880)

We often hear it said that solution of carbolic acid or ammonia water, or solution of hyposulphite of sodium will “decolorize iodine.” This is a mistake, for often such bodies are mixed with tincture of iodine and the mixture has become colorless, the iodine is in combination. Such solutions are **not** solutions of iodine, but solutions of compounds of iodine. We might as well say that solution of iodide of potassium is a “colorless tincture of iodine” as to say that tincture of iodine rendered colorless with ammonia water (iodide and iodate of ammonium being formed) is a colorless tincture of iodine. Remember that I am not arguing against the value of these mixtures in medicine, but against the expression **colorless iodine** where there is no uncombined element iodine that can be detected by the most delicate chemical test. It is to be regretted that so many excellent physicians use the term, and especially as it is applied indiscriminately to several mixtures of very different compositions.

The recommendations in favor of colorless iodine solutions are that garments are not stained thereby. It will be well to bear in mind that a solution of hyposulphite of sodium will remove at once the stain of iodine from either the skin or a garment.

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The worst enemies we have to fight are those within us. And by the same token, there is no great victory as satisfying as a conquest of the evil within. To have the enemy all to ourselves, where we can get at him, fight him, jump on him and throw him out, gives us every satisfaction if we succeed at last. If we do not, we drift into the stream among the deadwood of nonentities whose service to the world does not pay for their keep.—David Starr Jordan.

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We must learn to live,  
Care-hardened at all points; not fair and sensitive,  
But plated for defense; nay, furnished for attack,  
With spikes at the due place, that neither front nor back  
May suffer at that squeeze with Nature we find—life.  
Are we not here to learn the good of peace through strife,  
Of love through hate, and reach knowledge through ignorance?  
—Robert Browning.

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

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## A BLOOD PURIFIER—THE VERY LATEST

Many of our readers can recall the time when a class of remedies, called "blood purifiers" by the laity and "alteratives" by the profession, were in great demand. By the laity they were extensively used in the springtime and they could be likened in more ways than one to the regular spring house cleaning—an event which was considered to be a necessity and accepted as a misery in every well regulated household. By the profession alteratives were used in nearly all chronic diseases, and accepted as a necessity in the treatment of such diseases as scrofula, tuberculosis, syphilis, etc. I believe no one will dispute the statement that the treatment was both active and curative when the remedies used were confined to the so-called vegetable alteratives. They were supposed to act in some obscure manner upon the blood, purging it of its impurities, but this hazy theory did not lessen the efficacy of the treatment. Many efforts have been, and still continue to be made, to establish a more precise method of treatment in these chronic diseases, but the results so far have been practically nil except

to burden the profession with a crop of new theories and new remedies with each change of season. The latest theory is to withdraw a pint or more of blood from the patient, place this in a centrifuge and separate the red blood corpuscles. These are retained while the serum is discarded. The corpuscles are now mixed with Locke's solution—artificial serum—and returned to the patient's veins. The theory being that the disease was contained and confined within the patient's blood serum and this having been destroyed the patient must of necessity be well again. Our readers will at once recognize the ancient theory of venesection. The advantages claimed for this method over the old-time phlebotomy being that the red corpuscles are retained. The disadvantages are at once evident when we recall that an aseptic technic is absolutely required—in fact, it is a major operation, and a difficult one at that. It is worthy of note that the originators of this method naively remark that as yet it has not been tried on human beings. Apparently it has not occurred to these scientists that, so far as the patient is concerned, identical results could be obtained by giving a brisk dose of sulphate of magnesia, followed by two or three glasses of cold water. However, this method is quite too simple to allow of a living wage for the hard-working doctor, and we suggest as a substitute that Locke's solution could be used subcutaneously after the "salts" had done its work. A method which calls for a sufficiently aseptic technic to satisfy the ordinary doctor.

All of the above information may be found in the public press where due prominence is given for this wonderful discovery to Drs. Abel, Rowntree and Turner, all of the Johns Hopkins Medical School.

### CONCERNING THE DIAGNOSIS.

Waugh (Southern Practitioner) does not favor waiting for the diagnosis until a laboratory test can be made to determine it, but favors prescribing for indicating symptoms without delay.

While condemning both Regularism and Homeopathy he has this to say of Eclectics:

"The Eclectics do better. They study the patient and recognize the disorder; that is, the departure from the physiologic balance of the vital functions; and they apply the remedy that will correct the derangement and restore the balance. Quite justly they claim that a remedy that removes the symptoms may be assumed to cure the disease—else why should it remove the symptoms? The great value of this method is that it compels the doctor to study his patient closely, and to know his physiology. In

that it is superior to the methods of the man who knows his test tubes and sections, and nothing else. There is no source of knowledge to the doctor worth nearly as much as the study of the patient. All we get from the world of general information is general; the case demands individual knowledge. We may know much of the bacteria and their operations in general—the patient and the doctor are especially interested in the bacteria at work in this particular case and the reactions of this particular individual with them.”

Still dwelling upon the plan of prescribing for indicating symptoms, he continues: “Study your case deeply; be prepared to make and defend your diagnosis by every means known to the profession, so that your record may pass unquestioned before any society in the world; but meanwhile—the first symptom needing attention is usually pain. It is so easy to shoot morphine in that it is apt to become a habit to pull out the hypo before the patient is through with the tale of woe. A very bad habit, too. If the pain is due to strangulation, morphine is a peril—the obstruction must be relieved before death of the strangulated tissues takes place. Only inflammatory pains are best eased by thebaics. Neural pangs subside better under atropine, or still better, hyoscine. Acute myalgias respond promptly to ammonium chloride in scruple doses every eight hours for two days. Many subacute pains fall before iodides. Rheumatic suffering is quelled by salicyl. Many potent derivatives stop gastric cramps quicker than opiates. Glonoin unlocks anginas; spasm relaxes under hyoscine; the agonies of severe gastric acidity give way to large doses of soda, or to brown iodide of lime; gallstones are best assuaged by morphine with hyoscine, followed by a few drops of chloroform—quicker, better and far safer than morphine alone, which has caused many deaths. The traid combination of glonoin, hyosecyamine and strychnine relieves more different knids of pain than any other single or compound amalgasant known.

“In the great majority of cases the first indication is to empty the stomach and bowels. The old practice of an emetic and a brisk cathartic had much to justify it. One illustration—an emetic brought up a lot of cantaloupe rind and decomposed bologna, that our laboratory friends might have been months in diagnosing(?) and solved the etiologic problem while it cured the baby. Whether an emetic is indicated or not, catharsis always is; there is no known malady that is not bettered by removing from its symptom complex all that is due to fecal toxins in the blood. Subtract this, and France stands without Russian or



English support. The method does not so much matter—each of us has our favorite. Mine is a centigram of calomel and half that much podophyllotoxin every half hour for seven doses, followed by a saline in full dose. Quite often a copious colonic flushing is also needed. Flushing the sewers and eliminating toxins is like kissing a pretty girl—one can't overdo it. Ages before we even suspected that toxemia was the chief peril in many maladies, we knew the favorable influence exerted over the course of disease by purgation.

“In just one affection is purgation formally contraindicated—Asiatic cholera. Here the slightest attempt at acting on the bowels is fatal, even by that innocent friend of infancy, castor oil. This is one of the very few points in practical therapeutics that has been permanently settled.

(“To this should be added *peritoneal infection*, whether from the appendix or other sources.—Ed. S. P.)

“The elimination by the kidneys must also be scrutinized and maintained at full rate. Especially the elimination of solids is essential to the continuation of life. Discrimination is needed in the selection of diuretics. Juniper is dangerous, as an overdose may stop renal secretions completely. The digitalis tonic principles are only diuretic when the capillary circulation is relaxed, as in anasarca. If the arterioles are spasmodic and only a dribble of blood permitted to pass the renal artery, a dose of digitalis may pinch this off and fatal anuria result. Gelsemine, digitorein, best of all veratrine, by relaxing vascular tension permit fuller blood supply and excretion. I think—clinically—the potash salts relax the renal capillaries and facilitate the excretion, at least of water, washing out some of the solids as well. Sparteine and caffeine seem to act by lessening the peripheral tension relatively to the force of the ventricle, so that the heart forces more blood through the renal capillary system. They certainly do not directly raise the force of the heart as digitalin does; yet they are truly diuretic.

“The study of the pulse is as valuable as it was before the invention of modern instruments of precision. The rate, force, rhythm, of the cardiac pulsations furnish invaluable data for our therapeutics. The forerunners of heart weakness may be detected in time to prevent failure. The sedatives, tonics, relaxants, contractors, stimulants, regulators of the circulation indicated by the pulse, are indicated by the malady causing the deviations from normal heart action. Whatever may cause a heart-beat of 140 per minute is bettered by reducing the beats to 100 or less. Even though the pulsations seem quite forcible, a

tendency to irregular wobbling foretells the coming exhaustion, and cries for a precautionary administration of digitalin.

"So also one need not wait for a disease name to treat a temperature above 106 F. or one of 96. We cool down the fever promptly, just as we would drag a drowning man out of the water and later ascertain how he came to be in it.

"Relax tension; quiet apprehension; quell fever; regulate the heart; enforce quiet; prescribe the requisite food and drink; use hot and cold water bags as may be indicated; and treat whatever symptoms seem most prominent, perilous or distressing.

"I have not mentioned hypnotics, because they are the most abused remedies in our abused materia medica. Scarcely a solitary indication for sleep-producers can be cited, if the obstacles that prevent sleep are removed—and none but a bungler would administer these medicaments without first doing this. Take the precautions suggested in using the chemie hypnotics—relieve the pain, secure quiet, balance the circulation, allay apprehension and other mental disquiet, and then give—oh! but if you have done all this, why give anything? You cannot by any known means prevent sleep if you have removed the obstacles.

"Add the local measures demanded by local conditions, and we have a clearly indicated plan of treatment that may be instituted immediately and carried out in any case that does not show need of specific treatment by a diagnosis self-evident from the start. Whatever the nature of the malady, as shown by subsequent investigation, and the history of the case as it unfolds, we are accomplishing by the above method all the good that treatment can afford, without running any risk of doing harm. We are saving invaluable time and getting in our work in that early stage when the malady is not as yet fixed, when material lesions have not been inflicted. It is the bucket of water at the start of the fire, instead of waiting until the conflagration is well under way, or even until the building is destroyed and the only thing left is reconstruction. And in too many instances the latter is all that the policy of watchful waiting, or, speaking in parlance medical, of expectancy, leaves us."—A. W. S. in *The Eclectic Review*.

### A FACTOR OF POVERTY IN SANITATION

The factor of poverty in sanitary problems was discussed in Washington, Nov. 26, by Surgeon General William C. Gorgas, whose success in cleaning up Havana and the Panama canal zone has brought him recognition as America's leading sanitarian. His audience was the Clinical Society of Surgeons, assembled in their twenty-fourth annual meeting. Dr. Gorgas said, in part:

"Such sanitary work as is necessary in the tropics is inexpensive, but measures directed against special diseases are not the greatest good that can be accomplished by sanitation.

"Before these great results that we can all now see are possible for the sanitarian, we shall have to alleviate more or less the poverty at present existing in all civilized communities. Poverty is the greatest of all breeders of disease and the stone wall against which every sanitarian must finally impinge.

"During the last ten years of my sanitary work I have thought much on this subject. Of what practical measure could the modern sanitarian avail himself to alleviate the poverty of that class of our population which most needs sanitation? It is evident that this poverty is principally due to low wages; that low wages in modern communities are principally due to the fact that there are many more men competing for work than there are jobs to divide among these men. To alleviate this poverty two methods are possible, either a measure directed toward decreasing the number of men competing for jobs, or, on the other hand, measures directed toward increasing the number of jobs.

"The modern sanitarian can very easily decrease the number of men competing for jobs; if by next summer he should introduce infected *stegomyia* mosquitos at a dozen different places in the Southern United States, he could practically guarantee that when winter came we would have several millions less persons competing for jobs in the United States than we have at present. This has been the method that man has been subject to for the last six or seven thousand years, but it does not appeal to me, nor, I believe, to yourselves. This method is at present being tried on a huge scale by means of the great war in Europe. I do not think that I risk much in predicting that when this war is over and we shall have eliminated three or four millions of the most vigorous workers in Europe, wages will rise and for a long time no man will be unable anywhere in Europe to get a job at pretty fair wages.

"But I am sure that every sanitarian would much rather adopt measures looking toward the increase of jobs rather than, as we have done in the past, submit to measures that decrease the number of competitors for jobs.

"I recently heard one of the members of the Cabinet state that in the United States 55 per cent. of the arable land, for one reason or another, is being held out of use. Now, suppose in the United States we could put into effect some measure that would force this 55 per cent. of our arable land into use. The



effect at once would be to double the number of jobs. If the jobs were doubled in number wages would be doubly increased. The only way I can think of for forcing this unused land into use is a tax on land values.

"I therefore urge for your consideration, as the most important sanitary measure that can be at present devised, a tax on land values."

### WHY SO MANY DOCTORS FAIL

The difficulties of the young physician in gaining a foothold in this community are attributed to numerous causes. It is well to contemplate the reasons attributed for the failure of many doctors as is done by Charles R. Gifford (Clinical Medicine, April, 1915).

The young man, after years of ambitious study to become a man of medicine, after getting his medical diploma, looks around for a location to practice, finally selects what he considers a promising one (and ten chances to one it is a place where there already are too many practitioners), and, obtaining his license to practice, secures an office and—waits for customers. The older doctors already established there, and who look upon the already crowded field as their own, naturally do not look upon the newcomer with favor.

To get a start, and being keen for business, yet, possibly, handicapped by limited capital, as most beginners are, the young or new doctor accepts every patient that comes his way, booking the larger part, if not practically all, of his charges for services, taking promises for cash and trusting to Providence. The patrons he usually gets are those who owe the other doctors, the slow-pay, promise-to-pay, no-pay, all the derelict elements of the community.

Because of his lack of experience and business training (and this has not been a part of medical school training—to the sorrow of the profession in general), the new man is not prepared to handle the business end of his profession as it should be. As the weeks and months pass and the amount of his book charges mounts up, he thinks he is doing a big business, getting along fine. He does not realize that some day there must be an accounting, an inventory taken, when his bank account, if he happens to have one, has struck a balance his cash is gone, while his credit in the community is slipping away.

During this period of watching and waiting and the accumulation of worthless book charges, this doctor's expenses



are going on, growing larger all the time; a fact which must eventually be met, yet to which he carelessly and fatuously gives but little thought. If he is married, with a growing family, there are to be considered the expenses of the home, with the unavoidable items, for rent, fuel, light, groceries, meats, clothing, and so on. He gets behind in the payment of his bills, while collections are bad, not enough cash coming in to meet expenses; collectors are running after him, credit has become shaky, so that finally his troubles and worries bring him to the verge of distraction.

What is the poor fellow to do? Up to this time, he has followed the straight line of honest, legitimate practice, to the best of his understanding of the code of ethics and the dictates of his conscience. Then the opportunity is offered him to break faith with his conscience and the precepts of the code—a chance to get the much needed money with which to pay his bills by doing something. Doing what? To perform an illegal operation, one that pays big money, usually. And he takes the gambler's chance.

This, the failure or the success of the doctor, analyzed, is a matter of cash, cold harsh cash! The larger percentage of doctors, after they have rendered the service and booked the charge and have waited and waited for the final fulfillment of fulsome promises given in lieu of payment, are afraid to demand what is due them, for fear of offending these patrons; procrastinately they hang on to the account, allowing it to grow older and older, while they themselves are on the verge of financial and professional ruin.

The doctor who looks closely and carefully after his collections, as he should, persistently following the people up until he gets his pay, not only is enabled to pay his own account promptly, but he can keep up a good appearance, provide himself with the best medical textbooks and medical journals, and from time to time increase his professional equipment, so as to keep abreast with the progress of medicine; all of which attracts the eye of observant people and inures to his benefit.

On the other hand, the doctor who does not do this, who, because of his stupid delusion, his ungrounded fear, neglects this important matter cannot make a success of his work, becomes slovenly, grouchy, incapable, and this also is noticed by his patrons and the general public, to his serious detriment, even more than the members of the profession are willing to believe.

It seriously behooves the medical practitioner to open his eyes and ears and to use his brains to reason, that he may know that he is constantly being watched, and very closely, by eyes that are more observing and critical as they are being opened to enlightenment, and being judged by minds more exacting, and that this critical attitude is causing a greater loss of confidence on the part of the lay public.

As undoubtedly it is a question of cash, the doctors should wake up to see the errors of their ways, to release themselves from the bondage of an apparent bankrupting code of ethics, to the extent of giving closer attention to their collections, the one chance to save themselves from financial and professional ruin, and to keep them out of the field of medical quackery, if not the criminal courts. If they have not the inclination, time or facilities to look after their collections themselves, they should secure the services of an outside agency.

—MEDICAL REVIEW OF REVIEWS.

### **ON FREAK HEALTH NOTIONS AND PSEUDO-NEURASTHENIA, AND THE RELATION THERETO OF CERTAIN FAKERS**

"Man does not live by bread alone." Nor by the doctor, any more. He lives by the "principles" of the Buncombe School of "Health."

What are the principles of the buncombe school?

Well, they predicate that health depends upon the eating of uncooked food, vegetarianism, very frequent bowel movements, various systems of exercise—and of resting—certain rules regarding sexual "hygiene," odd methods of bathing, etc., etc., etc. Theories like that of Metchnikoff in relation to intestinal putrefaction, premature senility and the use of soured milk promptly win enthusiastic recognition and inclusion among the principles.

There is a curious buncombe device on the market consisting of a set of anal dilators. They are worn at night, beginning with the smallest and gradually working up to the largest, a fearsome thing to contemplate, and about the size of the "big stick." The theory is that good nervous tone depends upon the adequate daily dilatation of the sphincter. Where this does not occur, owing to relatively soft passages, neurasthenia results. What?

Another buncombe device is a syringe arrangement for washing out the colon. A theory is elaborated in the company's pamphlets to the effect that most illness is due to colonic retention, decomposition, absorption, etc. A post-mortem is described

in the course of which an enormously dilated colon was found, filled with old feces. The neurasthenic sits upon this device, turns a faucet or something, and rejoices in the knowledge that he has discovered the right thing at last. Of course he will use it only a week and then go back to somebody's hypophosphites.

These are the people who live largely at times—when the psychosis is upon them in very acute form—upon nuts and fruit.

Some of them wouldn't take a drink or smoke under any circumstances. Others, again, have read somewhere that an ounce or two of alcohol daily is a food and tobacco a nerve sedative, and govern their habits accordingly.

All of these people cherish dearly the theory that there is such a thing as perfect health and that it is attainable. But they never attain it, they are never quite well, and they think so much about their lost health and work so hard to regain it that they are always tired and grouchy, of course. When put to any trial, they fail if allowed time for introspection. Unexpected demands upon their stamina not infrequently find them wholly capable—but after the ordeal they are "all in" and have to go to Lakewood to rest.

Were it not for this rather large class, the osteopaths, chiropractics, etc., would have to go to work.

They possess some curious traits. They come with their own diagnoses, yet they have "puzzled" every physician they have ever consulted. There is an implied personal challenge to you to relieve them. They do not hear what you try to say to them. You are in the middle of a carefully thought-out suggestion when you are interrupted and asked what you think of Snooks, the neurologist, who failed dismally to afford the patient any relief. The fact is that the patient bitterly resents Snooks' blunt but rational suggestion that he "brace up and be a man." Snooks, you know, is not an ethical charlatan.

Give this type of patient a prescription and he will invariably ask: "What is this for?" There is a whole world of psychological significance in that question.

Is it not the profession's honest dealing with these people that has sent them to the quacks—ethical charlatans included?

People like Elbert Hubbard have a lot to do with the furtherance of freak health notions. An exceedingly clever phrase-maker, he makes a strong appeal to the superficial thinker (or rather non-thinker). There is an element of truth in this flub-dub which is as formalin to garbage. "The rottenest bank," said Oliver Wendell Holmes, "does business with a little good specie. It puts out a thousand promises to pay on the strength

of a single dollar, but the dollar is very commonly a good one. . . . Common minds, after they have been baited with a real fact or two, will jump at the merest rag of a lie, or even at the bare hook."

In the lucrative practical application of the freak notions look for the key that unlocks the foxy minds of your Hubbards. And don't believe for a moment that the Hubbards are self-deluded.

Praise the god of fortune, all ye Hubbards, Eddys, Stills, etc., for the believing multitude, composed as it is of "women of both sexes" and "people who always get cheated in buying horses."

Just the same, we are square enough to admit that the Hubbards, Eddys and Stills make thoughtful physicians see the beams that are in their own eyes.

The "god of truth" worshiped by Hubbard and his ilk and so frequently invoked by them is a counterfeit divinity. Lift his mask and you will find the lineaments of a fallen angel badly in need of a bath, a shave, a toothbrush and an antiparasiticide.—Critic and Guide.

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It is a deplorable fact that spiritualists voluntarily object to being undeceived, and cherish toward scientists and others an actual animosity when they attempt to relieve them from the deception which is being imposed upon them.—John Tyndall.

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### SOCIETY CALENDAR

National Eclectic Medical Association meets in Cedar Point, Ohio, June 1916. T. D. Adlerman, M. D., New York, president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectic Medical Society of the State of California meets in San Francisco June, 1916. Chas. Clark, M. D., San Francisco, president; H. F. Scudder, M. D., Los Angeles, secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915. J. F. Barbrick, M. D., Los Angeles, president; H. C. Smith, M. D., Los Angeles, secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. A. B. Baird, M. D., Los Angeles, Cal., president; H. Ford Scudder, M. D., Consolidated Realty Bldg., Los Angeles, secretary.



**LOS ANGELES ECLECTIC MEDICAL SOCIETY**

The regular monthly meeting of the Los Angeles Eclectic Medical Society was held January 4, 1916, at the offices of Drs. O. C. and Pina M. Welbourn, 819 Security Bldg. The meeting was called to order by the president pro-tem, Dr. A. P. Baird. The minutes of the previous meeting were read by the secretary pro-tem, Dr. H. Ford Scudder. The minutes were approved as read. The first thing in order was the report of the committee on Constitution and By-Laws, which was read by the chairman of the committee. The proposed Constitution and By-Laws was first read as an entirety and then each article was taken up and voted upon separately, several articles being amended and one additional article being added. Moved by Dr. Brown, seconded by Dr. Smith that the Constitution and By-Laws as amended and adopted separately be adopted as a whole. Carried.

The following officers were unanimously elected to serve for the ensuing year: Dr. A. P. Baird, president; Dr. Clinton Roath, vice-president; Dr. H. Ford Scudder, secretary-treasurer.

The president then appointed the Board of Censors, as follows: Drs. Herbert T. Cox, H. C. Smith, Clinton Roath, H. V. Brown, and O. C. Welbourn. The secretary was authorized to purchase the necessary stationery.

The paper of the evening was read by Dr. Orah K. Allen of Pasadena, entitled "Malpositions of the Uterus." This proved a very able paper and provoked a lively discussion.

Moved, seconded and carried to adjourn and hold the next meeting at the residence of the president, Dr. A. P. Baird.

A. P. BAIRD, M. D. President.

H. FORD SCUDDER, M. D., Secy.

**NEWS ITEMS**

Dr. J. T. Plimell is located at Hornbrook, California, where he has been many years.

Dr. C. S. Clark, California Medical College, 1885, is located in Arroyo Grande, California, where he has been for many years.

Dr. E. L. Smythe, C. E. M. C., 1914, is located at Bremerton, Washington, where he has been appointed Health Officer, and also physician to the Order of Eagles.

Dr. J. R. Buckingham, Big Pine, reports a case of a little boy who ate about ninety grains of Phenophthaline. Mustard water did the work, with no harm except the incident wear and tear.

Dr. J. A. Sasso, graduate of C. E. M. C., 1915, has gone to Reno, Nevada, where he will open an office. Dr. Sasso received

his license at the last meeting of the Nevada Board of Medical Examiners.

Dr. W. B. McMakin, formerly of Washougal, Washington, has purchased the practice of Dr. A. E. Lupton of Camas, Washington, two miles from Washougal. The doctor will retain his Washougal office, but has moved his family and will make his home in Camas.

Dr. Augusta D'Angelis, C. E. M. C., 1913, was granted a license at the December meeting of the California Board of Medical Examiners.

Dr. F. W. West, C. E. M. C., 1915, was successful in passing the examinations at the December meeting of the California Medical Board.

**FOR SALE**—A physician in Imperial Valley desires to dispose of his practice. Cash collected last year was \$3500.00. Expenses low. Will introduce successor and sell for an exceedingly small sum. Address, Care of California Eclectic Medical Journal.

We have had an earnest appeal from a prominent resident of Stockton, Cal., for an Eclectic to locate there. Formerly Dr. J. A. Bainbridge and Dr. Foley practiced there, but both are dead now, and no one has taken their places. There is no doubt but that one or two Eclectics would do splendidly in this location.

### **SPECIAL**

**WANTED**—In order to complete two sets of the Eclectic Medical Journal, to present to friendly libraries, I desire the following numbers. Many physicians have these among their old copies and can help this worthy object. Until they are supplied I will remit double the subscription price. Let me hope that my friends will at once look over their old volumes:

1861—One copy each of January, February and April, and two copies each of May, July, August, September, October, November and December.

1863—One copy each of January, March, July, August, September and October.

1910—One, September.

JOHN URI LLOYD.

Cincinnati, January 1, 1916.

### **GOOD OPPORTUNITY FOR ECLECTIC PHYSICIAN**

Owing to the death of my husband, Dr. J. M. Wells, I desire to sell my property to an Eclectic physician. The nearest one is now eighteen miles distant from Vanceburg. As Dr. Wells practiced here for thirty-six years, the people are well inclined to Eclectic treatment. For further particulars address

MRS. J. M. WELLS, Vanceburg, Ky.

# The California Eclectic Medical Journal

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❖ Original Contributions ❖

## THE COMPOUND GUAIACOL INTRAVENOUS TREATMENT OF TUBERCULOSIS

A. P. Baird, M. D., Los Angeles, Cal.

(Read Before the Los Angeles Eclectic Medical Society)

Anything looking to the cure of the great white plague must of necessity profoundly interest the medical profession. And this is my excuse for presenting to you this short paper, having two objects in view; first to arouse a discussion and get your experiences, and secondly to promote an interest in the treatment.

This treatment was first brought to my attention at the national meeting in San Francisco, June of last year, which brought out a very large and animated discussion ranging in experience of a very diversified character all the way from the man who knew a whole lot, down to our old friend from Florida, who didn't know nothing and didn't know that.

However, the remarks made by Dr. Best of Indianapolis had a great deal of weight with me and I determined to try it when I found a suitable case, so I wrote to Dr. Best, who put me in communication with the Underwood Chemical Company of Indianapolis, who manufactures the product, and also an apparatus for the introduction of the compound designed by Harvey A. Moore, M. D., of Indianapolis. From them I obtained 5V and the apparatus and began its use on a Mrs. A., a lady who came here like thousands of others in the last stages hoping for a speedy cure. It is but just to say that I treated her for four months before using the compound Guaiacol on her. A physical examination of the patient showed both lungs quite extensively affected, the right much the worse; the left knee joint was also tubercular, making locomotion quite difficult. The inner and outer ham strings were shrunk to mere strings, the result of disease; her appetite was poor and consequently quite anemic; very feeble, but still remained on her feet.

This was her condition when I first examined her and began treatment in the month of March, 1915, and by the 9th of June she was able to walk up to my house and remain till 10 A. M. and walk home without experiencing any inconvenience. On the 10th I started to San Francisco to learn about the subject of this paper, and when I returned found her so much worse that I almost, if not quite, despaired of even being able to get her back to where she was. The reason for this setback she and I attributed to a visit to her brothers at Seal Gardens, the climate there being so entirely different to that of the salubrious hills of the Annandale district that she got chilled, caught a heavy cold and lost flesh rapidly until she seemed nothing but skin and bones. In desperation I began the use of the remedy. First treatment I gave into the most prominent vein of the forearm by an improvised apparatus of my own. Three weeks later I had the full equipment from the Underwood Chemical Company and used that—not with the very best of success so far as the introduction is concerned, the needle being too small for the pressure of the apparatus. However, by the fifth week I could see and she could feel quite a change for the better. In thirty days more I gave her another, this time using a larger lumen needle, which was accomplished with more ease. She seemed to now be on the highway to recovery, was gaining her lost flesh rapidly, the knee trouble was altogether favorable, her appetite good, had no appreciable temperature, no chills, coughing was not at all troublesome and looked like a triumph for the Compound Guaiacol treatment and Eclectic Medication. When I gave her the fourth and last dose she suddenly developed a laryngitis, which I thought I could control in a few days; the days wore into weeks. At the end of two weeks I saw the case was lost unless some throat specialist could do what I had signally failed to do, so I took her to Dr. Barbrick, who made a careful examination and said nothing could be done. It was a tubercular laryngitis, of which I was already convinced. In two more weeks she was so far gone I saw it was no use giving any more of the compound, but just bent my energies towards amelioration of the dreadful symptoms of that terrible laryngitis, which made it next to impossible to swallow anything, and so on the 18th of November at 8 P. M. she fell asleep.

This is only one case and though failure must be stamped on it, I feel sure from the way she responded in the last stages that had it not been for the attack on the larynx a different verdict might have been obtained, and have brought before you tonight to stimulate you to use what might prove a boon to suffering humanity and save some if not many from an untimely grave.

For the benefit of those who have had no experience in the use of the remedy I will briefly state the technique.



After the proper asepsis being used, such as you would employ in any incision, thoroughly cleanse the chosen field of operation and sterilize your needle. Bandage the patient's arm above the elbow, so as to fill the veins below to make them stand out; select the largest and most superficial. Now attach one signal tube to outflow of apparatus and apply pressure with the bulb until the air has been expelled from the signal tube. Place a steady finger over opening of signal tube, fill flask tight with air and then close cut-off. Now insert needle in vein attached to second signal tube when the blood rushes back into signal tube. Remove the bandage and carefully disconnect the tube from the needle and attach the one connected to the flow of the apparatus and release the cut-off. Then compress your bulb from time to time to keep up an even pressure, producing a continuous and steady flow until the whole 8 ounces are injected, the needle then being removed and the little opening sealed with collodion.

The compound comes in 3† vials, which is mixed with 7-oz. sterile salt solution and placed in the previously sterilized flask.

### **PROPHYLAXIS IN GYNECOLOGY**

**Dr. Ella Mansfield Caryl, Los Angeles**

Gynecology (the Science of Diseases of Women) is usually divided into Medical and Surgical Gynecology. However, this paper will not attempt to deal with either of these phases of the subject, but will be more particularly concerned with the prophylactic or preventative part of Gynecological work.

The time is not far distant when the major part of the physician's work will be to use his superior knowledge in teaching people how to live to avoid the pitfalls of illness, thus obviating the danger of so many diseases to which womankind is heir. There are a great many reasons for the suffering due to pathological conditions of the female genital organs, and to prevent many of these one should begin with the very young child. The spine and abdominal walls should be manipulated daily to keep up the circulation and to strengthen the muscles of the back, abdomen and pelvis. As soon as the child is old enough it should be taught light, systematic exercises to take the place of the manipulations. A little later, when the child goes to school, its studies should be varied with manual labor and with exercises done to music in the open air, if possible. The music makes the exercises more enjoyable and the muscles respond to their fullest extent without breaking down so much tissue and filling the muscles with fatigue products, as would otherwise occur without music.

In 1906 Judge Ben Lindsey, the Father of the Juvenile Court, in addressing the Colorado State Conference of Charities and Corrections, said in part:

"I have just returned from a great convention in Chicago, where there were noted doctors and teachers, such as Dr. Butler of Columbia University, Jane Addams and many others who are wrestling with these great problems of delinquent children. The consensus of opinion seems to be that we need more physical and moral training in our schools, as well as manual training."

It was also stated at the same convention that "Chicago and other cities were using their schoolhouses for neighborhood social gatherings, and that they have expert teachers to whom they are paying high salaries to teach the children folk dances, and that Chicago had spent thousands of dollars on playgrounds, on which physical culture and dancing were being taught." In this way children work off their surplus energy. By exercising the body properly the muscles and ligaments are strengthened and the bony structures of the body are kept in proper anatomical relations. The blood is kept in general circulation, preventing congestion of the pelvis and genitalia, which is more or less responsible for getting children into bad habits, which later on not only impairs the general health, but makes fertile field for gynecological work.

No young lady should be permitted to wear corsets or bandages which cripple the muscles and interfere with circulation. A thoroughly exercised muscle should not only hold the framework of the body in proper position, but should protect the internal organs in such manner that ptosis of the viscera would be prevented, and one organ would not interfere with the functioning of another by crowding upon it.

Prolapsus of the pelvic organs could very often be obviated if every woman would take a rest in the middle of the day by lying on her back and lifting her feet far above her head and making rotary motions alternately with each leg while in that position. This would strengthen the pelvic floor and put the pelvic organs back into position, counteracting the force of gravity.

This exercise should also be taken before retiring at night, to replace the organs so that uterine ligaments would be relieved of the tension to which they are naturally subjected while a woman is on her feet.

Children should be taught that the body is sacred and that every part is for use and not abuse. Young men should be made to feel that they must treat every young lady with the same respect that they would have shown to their own mother or sister, and that woman should be a helpmate and not a slave to the sterner sex. He should be made to realize

that when he is dissipating he is not only injuring himself, but may be laying the foundation from which the girl whom he leads to the altar may become a helpless invalid, and his posterity be a curse to his home.

At puberty a young woman should be instructed in regard to the functioning of the female organs. It should be impressed upon her mind that the fate of the nation depends upon the young lady in the social world. She should be taught self-control and self-respect, and that the female reproductive organs are intended by the Creator for the purpose of propagating the race; that marriage should not be an institution of convenience, but should be based upon love and respect, and that a home built upon this foundation is the center of civilization.

When woman refuses to sell herself to a man in marriage and lives naturally she will attract her complement in the opposite sex, and the blending of the masculine with the feminine physically, mentally and psychically, each the complement of the other, will tend to keep a perfect equilibrium in the blood and nerve supply, and the gynecologist would find little to do in such a family, and their posterity would be a blessing to the world.

Of course, the above is a somewhat ideal way of dispensing with the gynecologist. The physician will often be called upon to adjust matters as they exist under present conditions. The economic problem will have to be solved before there are ideal conditions for women.

It is reported that no less a personage than Dr. Locke, an emininet divine of Los Angeles, in a recent sermon on "Love and Marriage," said in part:

"During the reign of Charles II the Club House was the Londoner's home. . . . A little later women began to drift from home, numerous women's clubs were organized, and the care of the home and children were left to nurses and servants. Simultaneously there came also a movement of women in professional and business life. . . . While the women were doing the drudgery the savage men were spending their time smoking and grunting and adorning their persons. It is certain if women want to work and insist upon doing men's work, there are a lot of lazy, worthless scamps who will let them do it. The difference between civilization and savagery is largely a matter of difference and respect with which women are treated. . . . The home has lamentably suffered while women have been coquetting with public life until it has been facetiously, but truthfully, questioned whether there are enough mothers left to go round. . . . Woman's work is naturally spiritual, social, idealistic, altru-



istic and domestic. The fireside is her throne, the cradle her coat of arms."

One can readily see from the above what Dr. Locke thought of the present situation in regard to women, although he may not have thought of the increase in gynecological work. He evidently was interested in woman as a mother.

The greater portion of the female population is naturally endowed to be mothers, and there are comparatively few who have the masculine brain and the female qualities so intimately blended that they can raise a family and yet have the force or fortitude to withstand public opinion, and grope with financial and social problems in the masculine fashion, which we observe in Charlotte Perkins Gillman, Emma Goldman, Mme. Curie and others. It is folly to suppose that because these women have made more or less success in their various undertakings that every other woman could do the same and preserve the integrity of the nervous system, upon which so much of the health and happiness of the human race depends.

As women are endowed by nature to be the instruments through which the race is propagated, it should be their business to give some intelligent thought to maternal interests, which includes keeping the pelvic organs in a healthy condition by not permitting themselves to become overworked. Men should solve the problems of economics and finance and relieve women of so grave an injustice as the support of a family.

A woman who has to earn her living outside of her own home is liable to anatomical lesions from occupational habits. The function of a joint is motion, and when through habit the spinal column is held in a certain position for an abnormal length of time there is often an alteration in the mobility of the joint. This condition results in morbid anatomy, ligaments are strained and hardened, and by abnormal pressure on the cord or nerve, naturally interferes with the blood and nerve supply to the organs supplied by that particular segment of the cord. In this way all kinds of menstrual diseases arise. Amenorrhea, Dysmenorrhea, or profuse menstruation, with their strain of "reflexes," such as headache, lumbar pains, nervous and gastro-intestinal troubles, etc., and if the lesion is not reduced it will naturally result in more serious pathological conditions of the pelvic organs.

The physician should look into the history of each individual case and give advice in regard to the change of occupation, or at least teach how best to care for herself under existing conditions.

In giving medicine it must be ascertained whether the Amenorrhea is the result of poor food and unhygienic sur-



roundings. Macrotys and Pulsatilla will not take the place of food and sunshine in an anemic patient where there is no blood to send to the organs, but they will help alleviate the pain in a case where the nerve and blood supply are disturbed on account of a spinal lesion by relaxing the parts, but the spinal lesion must usually be corrected by manual manipulation before one can hope for a permanent cure.

It is very evident that a great many physicians are beginning to realize the need of manual therapy, as is evidenced by their willingness to have physical therapeutics incorporated in the curriculum of medical colleges.

There are many things in which the doctor can advise the patient to keep her from the many lamentable conditions in which an uneducated patient finds herself. Her general health should be looked after to find the cause of various aches and pains which arise in the other parts of the organism and are felt in the pelvic region.

Vulvitis, due to uncleanness, is often the result of ignorance on the part of the patient. **Inattention to nature's call** may cause constipation, producing an overloaded rectum, which may result in a mechanical irritation to the uterus and its appendages.

The things that a physician could tell a patient which would preclude disease of the pelvic organs are too numerous to be mentioned in a short paper.

The obstetrician has a great field in applying his art correctly in carrying a woman through pregnancy and delivery without leaving her with some pelvic disturbances.

He should see to it that during gestation her clothes hang from the shoulders, that a lying-in woman does not lie in a sacro-lumbar position too long at a time, as under these conditions a heavy hypertrophic uterus would fall back against the rectum causing retro-displacement of the uterus and the stretched uterine ligaments would permit prolapsus of the organ when the woman gets on her feet. The abdominal bandage should not be so tight as to push the uterus back against the sacrum, thereby disposing to prolapsus of the organs, especially if the pelvic floor has been lacerated by neglect of the physician or other unavoidable causes.

The obstetrician should immediately repair perineal lacerations under aseptic conditions to preclude sepsis and uterine displacements which are more or less responsible for sub-involution with its long train of symptoms, local and general, evidenced by disturbed menstruation, leukorrhea, lumbo-sacral pains, etc., resulting in endometritis and hypertrophy.

The above conditions give the gynecologist quite a lengthy job, including curettage, the performance of a round ligament,

ventral suspension, operation, etc., all of which would not have occurred with a little care on the part of the doctor.

The physician might, through his knowledge of the human body, teach that congestive endometritis is often due to sexual excesses, and a mother cannot afford to be harrassed by a long train of symptoms that follow over-indulgences.

When men and women free themselves from sex slavery and become engrossed in a purer, higher life, then will unborn generations not only be welcome, but the future posterity will be stronger physically, mentally and morally, and books on gynecology would read like ancient history and the gynecologist would seek more fertile fields in some other occupation..

### IS THERE A REASON WHY?

Herbert T. Webster, M. D., Oakland, Cal.

Is there a "rationale" for specific medication? For forty years and more specific medicationists have lived in a sort of utopian atmosphere. For forty years and more specific medication has been practiced more or less successfully in an empirical way. It might be said that it has been practiced in an observational way, not in an investigative way. Consequently it possesses no well-founded philosophy. It offers no "raison d'être." Its reason is the child's reason, "It's so because it's so." The time has come when we must begin to explain the reason for our method or fall behind in the therapeutic ranks. We must become an investigative school of therapeutists as well as an observational school.

In 1891 the writer briefly outlined the suggestion of cellula affinity as the foundation for such study. For years this idea attracted little attention and attracted little response; but these days even as dogmatic an authority as the Journal of the A. M. A. is beginning to take notice and sit up. The Introduction to Dynamical Therapeutics contains the gist of the writer's idea at the time mentioned. Reference to that article will bear him out in this matter. It is now a pleasure to know that so many, more competent to work the matter out scientifically, have come to the front.

We read and hear occasional reference to the "science" of medicine, but little real science has ever been demonstrated by members of the profession in therapeutics. The Homeopaths have made a stagger at it, but after proving their drugs and arriving at a suggestion as to where a remedy acts, they abandon the search and attempt to adapt the remedy to the picture presented by the proving. However, the real reason why of drug action is not among their lines of research. They recognize the affinity of drugs for tissues, but not the cellular

affinity. Their doctrine admits of no progress, because it is founded on a proposition which does not admit of change. It is now more than a hundred years old, and in its very nature cannot advance. It must remain where Hahnemann left it, just as many seem to imagine specific medicine must stay where it was left by Professor Scudder.

The masterly paper read by Dr. Von Unruh at the last meeting of the National breaks into a new realm in therapeutics. He has shown by scientific research that echinacea increases leucocytosis. Thus the blood is improved in power of phagocytosis. Therefore the reason why this drug exercises such a power in infections. Yes, there is a reason why in at least one instance. Unless the writer is much mistaken there will yet be many reasons why, because we have coming men among us who are not contented to remain idle, nor bow to time-honored custom.

The article of Dr. J. F. Willard in the last October number of this Journal sets the idea forth in splendid style. This article ought to be read by every living Eclectic, because it points in the direction of scientific medicine; in a direction toward which we may be able to make of specific medication scientific medication. It is gratifying to know that California Eclectics are leading in this direction.

Dr. H. C. Smith is another California Eclectic who is decidedly alive. His articles on therapeutics breath a spirit of investigation on scientific lines. They suggest a new era for specific medication.

His ideas are in the direction of positiveness. He reaches out for a reason why our remedies act as they do, and strives to unearth the fundamental principle. If we are ever to be recognized as a scientific school we must unearth fundamentals. We must not only have a scattered knowledge of therapeutic action, but we must understand the reason why. Science is knowledge systematized.

The article of Dr. H. T. Cox in the last June number of this Journal on the "Action of Phytolacca," is another refreshing communication, and a praiseworthy study of one of our old specifics. Where, in all our literature, is there another exposition of phytolacca which compares with it in philosophical and scientific research?

For one, the writer is proud of the material the late years of the California Eclectic Medical College has turned out. If our organization holds out we shall hear more from this element as the years go by. These men are yet almost beginners, and a professional life is before them; and they are on the right track to do something big. Big, because unique, and because truly scientific.



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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

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## INFECTION AND IMMUNITY

Many of us old practitioners feel that during our college life we were not well grounded in such subjects as histology and bacteriology. Moreover, we are inclined to lay the blame upon some one, no matter who, so long as it is not ourselves. As a general rule a discussion of "what might have been" is quite without profit, and we have no intention of pursuing it further than to observe: that every man is the architect of his own life in a large measure, and that a lack of knowledge in his years of maturity of any particular subject usually is the result of his own choice or lack of choice. Assuming that many of our readers agree with the writer that an exhaustive study of the subjects first mentioned is unnecessary to the successful practice of medicine by those who were grounded in the old methods, and also assuming that they desire to know enough of the subject to grasp the words of wisdom as they fall from the lips of the later graduates, we have been looking for a concise article which would contain the necessary information. We believe the following article contains both of these essentials. Moreover, it is written by a man who, by reason of his knowledge, is recognized as the authority for the subject discussed. It is not only worth reading, but it should be preserved as a sort of text book for future use.



## THE GENERAL PRINCIPLES AND MECHANISM OF INFECTION AND IMMUNITY

Victor C. Vaughan, M. D., Ann Arbor, Mich.

### Introduction

Each and every living thing must feed, assimilate and eliminate. Living matter cannot continue in active life without performing these functions. There are certain resting forms in which these functions are, for the time, held in abeyance. Such are, eggs, spores, seeds and reproductive cells. These organisms possess only potential life; they are not in active life. A grain of corn or wheat, or any vegetable seed, contains a germ cell, a store of food and an enzyme. When placed in the ground, under suitable conditions of temperature and moisture, the enzyme begins to split up the stored food, the germ cells begin to utilize the split products and potential life awakens into active life. The revived germ cell is now able to feed upon the constituents of the soil, the stalk grows and the grain or seed is reproduced. The spores of anthrax are only potentially alive and active life begins anew only in the presence of proper nutriment. The granules into which certain other bacteria are changed in the absence of food are further examples of resting forms. Ova, whether those of lower or higher animals, after stimulation by the spermatic cells, and under proper conditions, begin to develop into active life. In all cases life in one form or another is potentially at least, continuous.

No thing in active life remains in a condition of equilibrium. It absorbs, assimilates and eliminates. Metabolism is a life function and there can be no active life without it. Indeed, it is metabolism, active and latent, that distinguishes between living and dead matter. When matter becomes endowed with this function, it is no longer dead, but is alive. No thing in active life can be conceived of as existing alone. It must have food or die.

The morphological unit of life is the cell, although the physiological unit is the molecule or the group of molecules essential to the cell. All living things are essentially proteins. The cell may contain carbohydrates, fats and extractives, but the functions of life reside in its protein molecules. Each kind of life must consist of its own specific proteins and these are as many kinds of proteins as there are kinds of cells. It follows that proteins are specific. Those of the colon bacillus are not identical with those of the typhoid and differ more widely still from those of the tubercle bacillus. Relationship between varieties and species depend upon similarity in the chemical constitution of the molecules. The essential proteins of wheat and barley are not identical, but are more closely related in chemical structure than are those of barley and those of pumpkin seed.

All cells, so long as they are in active life, must feed. Otherwise, they cannot grow and multiply. This is equally true of cells, which have an individual existence and constitute unicellular forms of life, and of those which have a communal life and exist in the organs of multicellular beings, such as man. A living cell can feed only on that with which it comes in contact. Some of the cells of man's body, such as the leucocytes, can go in quest of food, while others are fixed and must depend upon what is brought to them.

Each cell feeds by means of its enzymes which split up the pabulum into blocks which can be fitted into its molecular structures. Each kind of cell must have its own specific ferment or ferments and there are as many kinds of ferments or enzymes as there are kinds of cells. There are enzymes which split up carbohydrates, known as diastases, and those which split up fats, known as lipases, but in our studies of infection and immunity, we are especially concerned with those that split up proteins, known as proteases or proteolytic enzymes or ferments. These enzymes are specific in two senses; first they are products of specific cells and second they can act only upon protein of certain chemical structures. It must be evident that a cell can feed only upon that material which is digestable by its enzymes. This is true of single cells and of multiple cells. Horn contains proteins and other nitrogenous substances, but man cannot live upon it because the enzymes of his alimentary canal cannot digest it. Only that which its enzymes can properly prepare for assimilation is food for the organism, whether it be unicellular or multicellular. With this understanding of the conditions under which cells grow and multiply we are ready to study some of the phenomena of infection. In doing this we will confine ourselves to bacteria.

### **Bacteria**

There are some widely prevalent views concerning bacteria which, in the writer's opinion, are quite erroneous. It is generally stated that bacteria are low forms of plant life. This belief is founded upon an early observation that they are not readily soluble in dilute acids or alkalis. Is this enough to justify their classification as plants? Hair, skin and horn are not readily soluble in dilute acid or alkali and still they can hardly be called plants. Plant cells, generally at least, contain cellulose; bacteria do not. Plants, under normal conditions, take in carbonic acid and give off oxygen; bacteria absorb oxygen and give off carbonic acid. Many think that bacteria contain no nuclei, because there is no differentiation in staining, but it should be remembered that their staining properties show that they are practically wholly composed of nuclein. Some think that they are of simple chemical structure, because morphologically they are simple. The writer

and his students have shown that chemically bacteria are quite as complicated and as highly developed as are the cells of man's body. Functionally they are highly developed. It is important to hold this in mind in studying the contests between bacterial and body cells, which so often end in the discomfiture of the latter.

Bacteria live and multiply through the activity of their enzymes. Their extracellular enzymes split the pabulum within their reach into proper blocks and their intracellular enzymes fit these blocks into the bacterial molecule. It must be plain that a bacterium, whose enzymes cannot act upon body proteins, cannot infect that animal. Such a bacterium may grow outside the animal body, feed upon dead material and elaborate a poison which may harm the animal. Such a bacterium is the bacillus botulinus. The peptonizing bacteria of milk so change the milk proteins that they are absorbed through the intestinal walls of infants and are further digested in the blood and tissues with the formation of poisons which cause the symptoms and lesions of cholera infantum and the other diarrhoeal diseases of infancy. During intrauterine life all the processes of digestion are parenteral, i. e., they do not occur in the intestine, but in the blood and tissues. In fancy the walls of the intestine are easily permeable and parenteral digestion continues, especially when the food proteins are altered by bacterial growth. In rare cases of summer diarrhoea, casein but little altered, has been detected in the blood by biological tests. Bacteria which cause disease by the elaboration of toxins or poisons in foods before they are taken into the body are known as toxigenic organisms. This term was proposed by the writer many years ago.

### Body Cells

These live, like the bacterial cells, by means of their enzymes, which also are extra—and intracellular. The former cleave the pabulum properly and the latter fit the blocks into the molecules. The feeding cells are not confined to the leucocytes. All the living cells of the body, so long as they are alive, feed. They eat, assimilate and eliminate. In the higher animals, including man, the gross digestion for the whole is done in the alimentary canal. This is known as enteral digestion. The special preparation of food for the cells of the different organs, however, is done by their own specific enzymes and this process is known as parenteral digestion. Moreover, occasionally proteins in small amounts pass from the alimentary canal into the lymph and blood without complete digestion. Fine bits of organic matter are inhaled and find their way into the system without being subjected to any form of enteral digestion. Finally and of the greatest importance in the present study, living proteins, known as bacteria, find their way into the tissues. These not only have escaped enteral digestion, but they are capable of growth and



multiplication, and if their development in the body is prevented it must be through parenteral digestion. Whether they are engulfed by phagocytes or destroyed by the fluids it is in either case parenteral digestion. It must be evident that parenteral digestion is the big and deciding factor in most cases of infection. If it fails or if it is slow in procedure, the invading bacteria may multiply. If it proceeds promptly and efficiently the invaders which under natural conditions are few in number, are destroyed before they can multiply and the body is protected. Now, we have the great problem of infection and immunity fairly before us. It is a contest between bacterial and body cells and as we have seen, they are armed with similar weapons. The bacterial cells have their enzymes, poisons and toxins. The body cells have their enzymes, bactericidal and bacteriolytic agents, opsonins, and phagocytes. The phagocytes constitute the mobile army of the defense and the fixed cells elaborate destructive weapons. Which of these bears the brunt of the defense depends upon the armament of the invader.

Whether a given bacterium is pathogenic to a given animal or not depends essentially upon two things. First, can it feed upon the proteins of that animal body? If it cannot, it can do no harm. Second, can the cells of the body destroy the invading cells before they can multiply?

### **The Phenomena of Infection**

It should be clearly understood that only a living thing can infect. It must not only be alive, but it must be able to multiply in the animal body. It is true that the injection of diphtheria or tetanus toxin into an animal may cause all the symptoms and lesions of disease, but this is an artificial procedure, and, besides, the toxin is the product of bacterial growth. In infectious disease it arises when foreign cells find their way into the body and multiply to the detriment of the body cells. Simply carrying virulent bacteria on the surface or in the cavities of the body does not constitute infection. It is not rare to find tubercle bacilli on the hands of those who care for others who are ill of this disease. According to Flugge, 70 per cent of those in houses where there is a case of epidemic meningitis carry the organisms. In a schoolroom in which a child has developed diphtheria, 30 per cent of all the children may have the diphtheria bacillus in their throats and are not infected. In order to develop infection, the bacterium must feed upon the body. Carriers of infection are of importance to the epidemiologist, but they are not necessarily infected. The bacterium must not only feed upon the animal tissue, but it must multiply. The essential difference between saprophytic and pathogenic bacteria is that the latter can multiply in the animal body while the former cannot. Saprophytic bacteria contain in their cellular substance just as much protein poison as the pathogenic organism do and it is easy to



kill an animal by injecting a relatively large amount of them into the abdominal cavity, but this is not infection. A bacterium is not pathogenic to a given animal unless it can convert that animal's proteins into its own proteins.

Saprophytic bacteria are speedily digested by the enzymes in the blood and tissues of the body, and if they be injected in large amount the protein poison set free may be sufficient to quickly kill the animal. So great is the bacteriolytic action of the blood that even some pathogenic bacteria do not infect when injected directly and wholly into the blood current. That is true of the bacillus of symptomatic anthrax. A dose which infects when administered subcutaneously, fails when given intravenously. The cholera bacillus is harmless when introduced subcutaneously in doses which would infect by the intestine. In the first instance, it is speedily killed by the bactericidal constituents of the tissues; in the second it grows and multiplies in the intestine where it does not come in contact with the germicidal agents.

There are many conditions which influence the capability of bacterial growth in the animal body. A given bacterium may be pathogenic to one species of animal and without effect upon another. Some are active in mixed cultures, one bacterium being of assistance to another. Some grow in certain tissues of the body and not in others. The number of bacteria introduced into the animal is an important factor. One anthrax bacillus may kill a mouse and one tubercle bacillus may have a like effect upon a guinea-pig, but these are exceptions and whether an infection results or not depends, in most instances, in part upon the number and virulence of the organisms introduced.

While the blood has a marked bactericidal action on some bacteria, it forms an excellent culture medium for others. Virulent streptococci, plague and tubercle bacilli grow abundantly in the blood and kill more promptly the sooner they find their way into the circulation. Quite naturally, many bacteria grow most vigorously in injured and necrotic tissue on account of the lessened resistance. The readiness with which streptococci takes possession of areas already weakened by cancer, tuberculosis or syphilis is an illustration.

#### Incubation

The period of incubation of an infectious disease is the time interval between the introduction of the infecting agent and the first appearance of the symptoms of the disease. This varies greatly in different diseases and for the same diseases in different animals. With the same disease in the species there are also variations, but not so marked. For instance, one swallows typhoid bacilli, he does not develop fever the same day or the next, but, as a rule, between the sixth and tenth day. In some individuals the period of incubation for this disease may be longer. During this period there is no

recognizable disturbance in the health of the individual, either subjectively or objectively. He considers himself well and attends to his usual duties, and yet this is an important and critical time in the development of the infection. The bacilli are growing and multiplying enormously in the man's body. They are converting body proteins into bacterial proteins, native into foreign proteins, and this goes on without the host being conscious of it. The ferments of the bacterial cells are fitting the body proteins into the cellular molecules of the bacteria. During the period of incubation the bacterial cells supply the enzymes, the body proteins constitute the substrate. the process is synthetical and constructive, no poison is set free and consequently no symptoms are manifest. It follows that the multiplication of the typhoid bacillus in man's body is not the direct cause of the symptoms of the disease. There is no evidence that growth and multiplication of the bacilli proceed at the expense of, or directly cause injury, to body cells. The bacilli feed upon the simple, soluble proteins of the body. A tubercle bacillus passes through the intestinal wall and leaves no lesion. A plague bacillus may penetrate the skin of an animal and make no visible alteration. The rate at which the virus multiplies during the period of incubation is an important factor in determining the final outcome. The more virulent the virus, the more rapidly does it multiply and this means a larger amount of body protein converted into bacterial protein. The phenomena of the period of incubation may be studied in a guinea-pig into the abdominal cavity of which a fatal dose of a virulent culture of the colon bacillus has been injected. In this experiment the incubation period is from eight to twelve hours, during which time the infected animal is in its behavior undistinguishable from its untreated fellows. However, if a drop of the abdominal fluid be taken out from hour to hour it will be seen that the bacilli are multiplying rapidly.

#### The Disease

In some cases the period of incubation passes abruptly, in others more gradually, into that of the active disease. Symptoms, both subjective and objective, develop and indicate a more or less marked departure from health. In some diseases there is a chill, which may vary greatly in severity and this is followed by fever. Evidently something has happened which disturbs physiological processes. The body cells have begun the contest against the invaders. Since the invasion began they have been preparing for the war and now the battle has begun. The bacilli have gained entrance and multiplied at the expense of the soluble proteins of the body because the animal cells were not at first prepared to combat them. Now they have developed bactericidal and bacteriolytic ferments and opsonins, possibly anti-toxins, and with these the further development of the bacteria is to be contested. When the infecting organism is a toxin producer, like the diphtheria or

tetanus bacillus, it is not the cellular substance of the bacteria which directly and immediately endangers the body cells, so much as its soluble product, the toxin. In this case the contest is decided by the ability of the body cells to elaborate and make available enough anti-toxin to neutralize the bacterial toxin. In this case, the therapeutic administration of anti-toxin has secured to curative medicine its great triumph, and success or failure depends upon the early administration of this magical cure in sufficient amount. The cells of the horse have been trained to produce this body and now it is poured into the blood current of the child to save its cells from destruction. The diphtheria bacilli contain a cellular poison, quite different from the toxin, but since the bacilli, except in small numbers, are not in the child's blood and tissues, but in its throat, the cellular poison may be neglected, for, as a rule, the few in the body do not contain enough poison to endanger the life of the child. Cure, then, depends upon the neutralization of the toxin before it has done irreparable harm.

When the infecting bacterium is one best combated by phagocytes the body cells supply opsonins which, in some way yet unknown, render the invaders less resistant to the leucocytes. In these cases the result depends upon the effectiveness with which both the fixed and motile cells of the body perform their functions. One of the important factors is the number as well as the virulence of the invading bacteria at the time when the contest begins. The greater the number, the more must the phagocytes devour, and feeding is a limited function. The more virulent they are, the less effective will be the opsonin. Rosenow has shown that the opsonins are not effective against the more virulent strains of streptococci and that infection with these generally proves fatal. It is worthy of note that bacteria devoured by phagocytes do not endanger the life of their host to the extent and in the same way as do those who suffer extracellular digestion. In the latter instance the cellular poison of the bacteria is set free and in its death it becomes most dangerous to its host.

By far the larger number of bacteria which infect man do not elaborate soluble toxins and for these we can have no antitoxin. Of the other pathogenic bacteria there are many which, in first infections at least, are not to any large extent devoured by phagocytes. The members of this large class, which cannot be met with antitoxins or by stimulated phagocytosis, must be dealt with by bactericidal and bacteriolytic enzymes. The potent poison which they contain is set free and exerts its deleterious effect which is determined by the rapidity with which the bacterial cells are disrupted. It must be evident that the development of powerful bacteriolytic enzymes at a time when the body is filled with bacteria would be most disastrous. The faster the invaders are destroyed the more danger is there to the host. This is well illustrated in typhoid



fever, in which the bacillus produces no soluble toxin, and consequently there can be no antitoxin developed and in which there is no increase in the phagocytes. The greatest misfortune that happens in the progress of typhoid fever is the rapid development of a powerful bacteriolytic enzyme and the speedy destruction of the invading bacteria in large numbers. This is true of plague and typhus as well as typhoid fever. It does not apply to diseases due to soluble toxins, such as diphtheria and tetanus, and probably not to those combatted exclusively by phagocytes, if there be such.

The assertion has been made that the infectious diseases have benefitted the race by the destruction of the unfit. This idea I have combatted most vigorously since our study of typhoid fever in the army in 1898. My colleagues and I found that out of 9481 soldiers who had previously been on the sick report and could not be regarded as possessing standard health, 648, or 6.8 per cent, contracted typhoid fever; whereas, out of 46,384 men who had no preceding illness, 7197, or 15.3 per cent, developed typhoid fever. More than 90 per cent of the men who developed typhoid had no preceding intestinal disorder. Under ordinary conditions the strong, busy man, especially the one whose activities demand wide excursions from his home, is more likely to become infected than the one whose sphere of action is more limited on account of infirmity. The reason for this is too obvious to need statement, and it follows that more men than women and more adults than children have typhoid fever. Moreover, the case mortality is greater among the strong, because death in this class of infectious diseases is often due to the rapidity with which the invading organism is broken up by the secretions of the body cells and the protein poison made effective. From this I have concluded that contagion, like war, destroys the very flower of the race. This view is sustained by the historians of the pestilences of former times.

Thucydides, in his description of the plague, at Athens, says: "Moreover, no constitution, whether in respect of strength or weakness, was found able to cope with it; nay, it swept away all alike, even those attended to with the most careful management." Procopius, in his account of the Justinian epidemic, states that youth was the most perilous season, and females were less susceptible than males. Cogan, in describing the outbreak of typhus at Oxford in 1577, writes: "The same kind of ague, raged in a manner over all England, and took away very many of the strongest sort, and in their lustiest age, and for the most part, men and not women and children, culling them out here and there, even as you would choose the best sheep of a flock." In his account of the plague of 1665 in London, Boghurst makes the following statement: "Of all the common hackney prostitutes of Luteners-lane, dog-yard, cross-lane, Baldwin-gardens, Hatton-gardens and other



places, the common criers of oranges, oysters, fruits, etc., all the impudent drunken, drubbing ables and fellows and many others of the rouge route, there is but few missing—verifying the testimony of Diemerbroech that the plague left the rotten bodies and took the sound.” Like testimony comes from an account of the plague at Moscow: “Drunkards and persons of feeble temperament were less subject to attack.” Davidson observed that typhus fever was more frequent among the robust than the weak. He states that out of 429 cases the spare and unhealthy taken together made only about 17 per cent. He adds that the death rate among the poor was one in twenty-three, while among the well-to-do, it was one in four. The greater mortality of typhus among the higher classes has been noted by Barber and Cheyne and by Braken. Hurty nearly a century ago wrote: “A fever which consigns thousands to the grave, consigns tens of thousands to a worse fate—to hopeless poverty, for fever spares the children and cuts off the parents, leaving the wretched offspring to fill the future ranks of prostitution, mendicancy and crime.” Creighton says:

“The best illustrations of the greater severity and fatality of typhus among the well-to-do come from Ireland in times of famine, and will be found in another chapter. But it may be said here, so that this point in the natural history of typhus may not be suspected of exaggeration, that the enormously greater fatality of typhus (of course, in a smaller number of cases) among the richer classes of Irish families, who had exposed themselves in the work of administration, of justice, or of charity, rests on the unimpeachable authority of such men as Graves, and on the concurrent evidence of many.”

In the active stage of disease due to bacterial invasion of the body, the body cells supply the ferment, the bacterial cells constitute the substrate; the process is essentially destructive and analytical; complex cellular proteins are split into simple soluble bodies; the protein poison is set free, exerts its deleterious effects on the body cells and disturbs the health; the evidence of infection rises to the plane of clinical observation; the symptoms of the disease become manifest and the contest between bacterial and animal cells continue until one or the other holds possession.

It should not be understood that there is always a sharp line of demarcation between the period of incubation and the appearance of active disease. The bacterial growth may be extending into new parts of the body coincidentally with its destruction in other regions.

### Fever

All bacteria are capable of inducing fever and this is a most constant accompaniment of infections. Fever is not directly due to the growth of bacteria in the body. It is not in evidence during the period of incubation when bacterial growth is most abundant. The early progress of tuberculosis

is without fever, because at this time the number of bacilli in the body is few and most of these are living. It is not until the body becomes sensitized against the invading organism and begins to digest and destroy it that fever makes its appearance. The face may be covered with acne pustules, each of which contains streptococci, and still there is no elevation of temperature, because the cocci are not reached and digested by the bacteriolytic enzymes of the blood and lymph. The fever of infection results from the parenteral digestion of the bacterial proteins. Many years ago Gamaleia showed that fever follows the parenteral introduction of dead as well as living bacteria, either pathogenic or non-pathogenic. He concluded that fever is not a phenomenon of bacterial growth in the body. Furthermore, he found that the less virulent the organism, the higher and more persistent is the fever. A rabbit inoculated with the anthrax bacillus runs a fever for only a few hours, when the temperature falls and death results, while one inoculated with a highly attenuated anthrax culture (the second vaccine) shows fever for three days and then recovers. With a highly virulent culture there may be but little or no elevation of temperature and death comes within from five to seven hours after inoculation. The febrile process is not a result of the activity of the bacteria, but on the contrary is due to a reaction of the body against their presence and marks their destruction.

More recently it was shown by experiments in the writer's laboratory that fever can be induced in animals by the subcutaneous injection of proteins of diverse origin and structure, and that by modifying the size and frequency of the dose, the type of fever can be determined at will. By injecting egg-white into rabbits and by regulating the size and interval between doses, one may induce an intermittent, remittent, continued or acute fever. In the last mentioned the temperature can be carried to 107 degrees Fahrenheit with a fatal termination. Not only fever but its accompaniments also may be developed. In the continued fever, thus induced, there is the morning fall and the evening rise so constantly seen in typhoid. There is loss of appetite with lassitude, gradual emaciation, decreased urinary output and increased nitrogen elimination. Protein fever, which includes all infective and practically all clinical fevers, results from parenteral digestion. In this process the animals' cells supply the ferment and the foreign-protein may enter the body living or dead, with or without form. It may be detached and dead tissue from the animal's body, as after burns. It may be absorbed from some mucous surface, as in hay fever. It may be artificially introduced, as in serum disease. It is usually a living protein, as in the infectious diseases.

There are other causes of fever, but that of the infectious diseases results from the parenteral digestion of the infecting

agent by specific secretions elaborated by the body cells. It is a phenomenon of the disposal of foreign and harmful material and it must be recognized as beneficent. However, there is a point above which it becomes a danger *per se*. In parental digestion the following sources of heat production must be evident: (1) The unaccustomed stimulation and consequent increased activity of the cells which supply the enzyme must be the source of no inconsiderable increase in heat production. (2) The cleavage of the foreign protein increases the heat liberation. (3) The reaction between the digestion products and the tissues leads to increased heat production. I regard the first and third as the important sources of the over-production of heat in the infectious diseases.

There are many conditions affecting the course of a fever and some of these may be mentioned. Some viruses sensitize more quickly and thoroughly than others. It is possible that the living bacterial cells, so long as they are living bacterial cells, do not sensitize. Some of the bacterial protein must pass into solution before cell penetration, which seems essential to thorough sensitization, can occur. A living colon bacillus of not more than twenty-four hours growth, when injected intra-abdominally in a guinea-pig, requires about ten hours to sensitize. With dead bacilli the time is reduced to half, while with old autolysed cultures, in which the sensitizing group is already in solution, the time is further shortened. Some pathogenic bacteria, like the tubercle bacillus, have been so long parasitic that they have learned to protect themselves by deposits of fats and waxes. Others form capsules which serve a like purpose. In this way they are probably protected to some extent against the destructive enzymes elaborated by the body cells. In all the infectious diseases the destruction of the invading organism is modified and delayed by the altered relation between ferments and substrate and the accumulation of fermentative products. The blood is a highly active digestive fluid with a finely adjusted balance between ferment and antiferment, which will soon be better understood and the solution of this problem will add another triumph to scientific medicine. When the ferment in the blood is suddenly activated immediate death results as is seen in anaphylactic shock. When properly regulated, this delicate mechanism protects against harmful bodies, both those introduced from without and those generated within.

—New York State Journal of Medicine.

### LOS ANGELES ECLECTIC MEDICAL SOCIETY

The regular monthly meeting of the Los Angeles Eclectic Medical Society was held February 1, 1916, at the residence of the president, Dr. A. P. Baird, 1407 Mahantonga Way. The meeting was called to order by President Dr. Baird. The minutes of the previous meeting were read by the secretary and approved as read.



The application of T. C. Young, M. D., Glendale, was referred to the Board of Censors. The paper of the evening was read by President Dr. A. P. Baird, and was entitled "The Compound Guaiacol Intravenous Treatment of Tuberculosis." This proved very interesting and provoked a lively discussion. After delightful refreshments were served by Mrs. Baird the meeting adjourned to meet at the office of Secretary H. Ford Scudder, M. D., 1621 West Pico Street, March 7, 1916.

### **SOCIETY CALENDAR**

National Eclectic Medical Association meets in Cedar Point, Ohio, June 1916. T. D. Adlman, M. D., New York, president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectic Medical Society of the State of California meets in San Francisco June, 1916. Chas. Clark, M. D., San Francisco, president; H. F. Scudder, M. D., Los Angeles, secretary.

### **NEWS ITEMS**

Dr. C. O. Hansen, Denver Colo., has been in California for a number of months and may decide to locate here.

Mrs. Bailey, wife of Dr. E. P. Bailey, has been very ill at the Westlake Hospital for a number of weeks, but is now convalescent.

Dr. L. H. Freedman has resigned from the Board of Health of Los Angeles and is now located at 600 W. 59th. Place.

Dr. O. C. Darling, Riverside, was a recent visitor in Los Angeles. Dr. Darling would like to sell his office and retire.

Dr. H. Scott-Turner, Pomona, has been in the city a number of times recently visiting her patients in the Westlake Hospital.

Dr. B. B. Bolton, El Monte, has been at the Westlake Hospital recently on professional business.

Dr. W. P. Ferguson, Santa Ana, was in the city recently and renewed his subscription to the Journal.

Orah K. Allen, M. D., graduate of the C. E. M. C., 1915, has opened an office at 517 Wright & Callender Bldg., Los Angeles. Residence, 467 Lincoln Ave., Pasadena.

Mrs. Porter, wife of Dr. Porter, Ft. Benton, Montana, who is spending the winter in Southern California, became very ill and unable to reach her home, underwent an operation at the Westlake Hospital during February. Although her condition has been critical, Dr. Barbrick expects that she will make a successful recovery.

Dr. J. Fraser Barbrick, Consolidated Realty Building, has sold his practice to Dr. McClellan and will return to his former location in Boston.

**FOR SALE:** On account of poor health a physician living in small town in central California, prosperous community, wishes to sell his practice very reasonably. Write care of this office.



# The California Eclectic Medical Journal

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Original Contributions

## LA GRIPPE

H. V. Brown, M.D., Los Angeles.

(Read before the Los Angeles Eclectic Medical Society)

We have with us this season in his most obtrusive form, our deceitful and vacillating acquaintance of French ancestry, bearing a name divided in the middle, and whose advance agent is said to be a microscopical being of the bacillus family. His reputation is so unsavory that having once met him, one needs no second introduction; he grips the victim and has him hampered ere he is aware.

The first activities of this arch-disturber were noted about the sixteenth century, in the Far East. Our best remembered experience with him on this continent was about 1889-90, when he traversed the country from coast to coast, and single handed slew countless human victims. Since that time he has been a more or less frequent visitor in most localities for short periods only, often being quite skilfully disguised; even resorting to the subterfuge of sending a new advance agent in an effort to conceal his identity and confuse the authorities, who thought they were close on his trail. If you have entertained this unwelcome guest in your home, you are well aware that he enters without knocking but doesn't go out the same way. He makes himself perfectly at home, and usually retires only after a successful encounter with all members of the household. One may sneeze, cough and spit at him until black in the face, but he is a long-winded Frenchman and is not easily insulted. Nothing short of deadly asphyxiating gases (a la Kaiser) will accomplish results, at the same time invading his territory with an army of stingerless bacteria, which seem to have a crushing influence on the Frenchman's army, without devastating the country invaded.

The foregoing personification of the malady in question and its presentation in narrative form is not in the spirit of ridicule, but for the purpose of contrasting the ultra-scientific

with the exclusively practical, and with the hope of provoking a discussion which may result in a blending of the extremes into a more rational, up-to-date treatment of the disease which has recently been contesting with the European powers for the record of depopulating the earth in the shortest possible time. Whichever wins, let us hope that when the earth is repopulated, the new model will be impervious alike to bullets and bacteria.

The question of diagnosis becomes an important one. It must be admitted that one is apt to fall into the error of assuming most respiratory affections to be la grippe or influenza unless limited to some particular portion of the tract, especially at the season when colds are much in evidence. Doubtless the major portion of such cases are primarily simple coryza or tonsilitis, with their accompanying phenomena. The infectious nature of all these diseases is now well established, and the specific infecting agent in each individual case can be fairly accurately determined by directly inoculating a culture media with the germ-laden secretion from the nose, pharynx, bronchi, or ears, as may be indicated. I make the simple statement that the infecting agent is present in each case, yet I believe there are few cases which would occur without the additional etiological factor of exposure; e. g., a child romping and playing until the entire body becomes moist with perspiration, then carelessly dropping down to cool off with nothing thicker than a postage stamp between the lower segment of the spinal column and a cold cement sidewalk or step. Such a refrigerating process would send the hardiest bug to a warmer climate, and mayhap future research will demonstrate that this accounts for the unusual swarms of them in the upper air passages following such an occurrence.

Dr. Chas. H. Nammack, of the New York Health Department, who recently wrote on this subject, says the recent epidemic seemed to depend on three main factors:

"First, the tremendous variation in climatic conditions which has occurred in the past two months; second, the crowding together of great masses of people in badly ventilated cars, subways, and moving picture and other halls; and, third, the contamination of the air which we have been obliged to breathe by the coughing, sneezing, and spitting of those already suffering from some form of respiratory infection, usually of the common cold type. The abrupt transitions which occur in going from crowded, overheated indoors to the chill outside air, result in an alternating hyperemia and congestion of the mucous membranes of the respiratory passages, with a subse-

quent constriction of the blood vessels which produces a condition of affairs that is very favorable for the reception and subsequent vigorous growth of the infecting organisms, and which may result in the development of the characteristic clinical picture and symptoms of grip."

Like conditions obtain in our own or any large city. Dr. Anna W. Williams, Assistant Director of the Research Laboratory of the Health Dept. of N. Y., announced that as a result of bacteriological study of fifty cases of "grip," she found:

In 26 cases, streptococcus, the germ of true grip; 19 cases, diplococcus lanceolatus, or pneumonia germ; 18 cases micrococcus catarrhalis, causing catarrh; 9 cases, bacillus influenza; 9 cases, staphylococcus pyogenes, causing boils, abscesses and tonsilitis

Reports from other laboratory workers on individual and groups of cases indicate that the germs present in similar cases vary some what, but that one or more of these germs mentioned are always present. This variation would seem to be an argument in favor of autogenous vaccines in preference to the stock respiratory vaccine in cases where it is deemed advisable to use either one.

A percentage of such individuals have the vital resistance to withstand an attack and spontaneous recovery is the result, with or without treatment. Others have resistance enough to overcome the disease as well as a fusilade of Bromo-Quinine or other junk from the prescribing pharmacist, and they, too, recover. Many, however, recover only after a prolonged siege in bed, with proper diet regulation, hydrotherapy, and medicinal treatment. Quite a large percentage remain who do not respond to treatment and are prone to develop complications or sequella of a serious nature. In this latter class of individuals, and in those who are subject to recurrent attacks, I have had a limited experience with vaccine therapy, of which I may be able to furnish definite data at a later time. The results obtained were of such a character as to justify their use in future cases where they seem to be indicated. Specific indications should be our guide here as in all other therapy.

My faith is too firmly grounded in the rational therapy of the Eclectic System to permit me to drown my individuality in a bowl of laboratory soup; in other words, I do not accept bacterial therapy as the sine qua non of all treatment, but believe it to be a valuable auxiliary in many instances.

**THE SCIENCE OF ECLECTIC MEDICINE****J. F. Willard, M.D., Los Angeles**

To the busy doctor who constantly crowds 36 hours of work into 24 hours of time, the continuous round of emergencies occurring every day in his practice must be met with the same high rate of speed. In such cases there is no time to wait. He cannot promise to answer the call next day, nor can he defer his decision to a later hour and take time for a prolonged study of the case. Neither can he wait for the disease to develop and apply a name from the book index to it before prescribing. The time has long since passed when the old nasty compound syrup may be given indiscriminately, or we may sit and await the results of routine calomel, opium or quinine, given in regular order for names such as Typhoid, Diphtheria, Rheumatism, Malaria or what not. The demand of the times is for thoroughly trained, wide-awake physicians with energy to grapple immediately each emergency, and with ability to meet it more than half way. Each and every patient is a special and must have immediate, direct and specific attention. The demand is for a physician who is Eclectic, a master in his profession; who can say what he can do and at once prove it by the doing. This assuredly demands not only specific diagnosis, but specific means that will relieve and relieve quickly. It is criminal to dally with an expectant treatment, when for a majority of pathological conditions we have a remedy or remedies direct, specific, and thoroughly affinitive in action. All the world is not perfect nor can every one who calls himself or herself Doctor expect to attain perfection, but the one who is most proficient in Specific Diagnosis and understands best the direct application of curative measures, in other words, Specific Medication, is the one who is the success and in the greatest demand in the community; and this is the Eclectic physician and this is Eclectic practice.

In practice every patient is a special and in a hurry for relief, and in this strenuous age the physician who wastes time in prescription writing and drug store dispensing is liable to be set aside as too slow. Every Eclectic physician should have a stock of medicines not only for bedside use, but for his office practice. It need not be great in amount. A four-ounce bottle of Specific medicine requires but little room on a shelf and it takes but a few shelves to accommodate a list which, if selected with care and judgment, will prepare the physician to meet immediately the medicinal needs of every case. The Eclectic physician, with his small but well-stocked laboratory,



is up-to-date and prepared to meet the occasion as it demands, and when the messenger comes at the midnight hour and, in great excitement says: "Johnnie has the Croup," he is ready. **Does this good Eclectic physician write a prescription and send the messenger to rouse the druggist to slowly and sleepily fill it?** No; he does not. He asks: "Is Johnnie hoarse and choking and climbing over Mamma's shoulder and gasping for breath?" and on being told "Yes," he goes to his little medicine laboratory and quickly prepares Rx. Sp. M. Aconite gtt. 5, Sanguinaria Nitrate grs. 1, Glycerine oz. 1, mix.; writes the directions plainly on the label, "15 drops clear every 10 or 15 minutes until relieved;" directs that a flannel cloth be wrung from hot vinegar and wrapped around the neck, so the steam can be inhaled; that all neck and waist bands be freely loosened and that Johnnie be wrapped up warmly in a soft blanket. The messenger flies home; Mamma follows directions; Johnnie takes the medicine like honey, and soon he and the whole household are again asleep, awakening next day well and happy, singing the praises of the doctor who so promptly relieved both the sufferings of Johnnie and the fears and anxieties of the rest of the family.

And the doctor? Does he return to slumberland? No; another emergency is special at his door. "Come in great haste! Baby's having a fit, and Mother wants you. Hurry! Hurry!" But the Doctor knows the spasm will be off long before he gets to Baby and that his duty is to prevent another; so he asks: "Is Baby red in the face and hot and jerking all over?" and the answer being affirmative, he prepares (not prescribes) Rx. Sp. M. Gelsemium gtt. XX, Sp. M. Aconite gtt. 2, Lloyd's Asepsin grs. V, Aqua to make oz. IV, mix, and writes "One-half teaspoonful every 15 minutes until Baby is quiet and fully relaxed."

But it is not yet time for the Doctor to sleep.

Jones knocks excitedly and says his wife is in labor, and becomes quite put out when the Doctor does not break his neck, kill his horse, or wreck his automobile in getting to the house. But the Doctor remains calm, for he has prepared Mrs. Jones for her labor by previously giving her Rx. Sp. M. Macrotys, Drams ISS, Sp. M. Dioscorea Drams 1, Sp. M. Black Haw Drams 2, water to make oz. IV, mix Sig. Drams 1 t. i. d. When he arrives, he finds that Mrs. Jones has been in labor 3 hours, contractions fairly strong, and she complains some of the pain. Examination shows everything normal. He gives chloroform enough to quiet; she relaxes kindly; dreams a new

baby has come to bless the Jones home, and awakes to find she has had an easy labor.

This is all right Eclectic medicine so far as it applies to everyday work; but to be able to do this, the student should know and be taught that there is a deeper foundation and stronger base to Eclecticism than the copying of formulae or the learning of prescriptions. The inscription on the label of the bottle of Specific medicine does not tell all there is to know about the indications for the use of its contents. This the Doctor must acquire by hard study, careful observation and extensive clinical experience. Symptoms point to the parts or organs affected and physical examination gives us the gross changes. But specific medication cannot stop its application here—it must go beyond the gross anatomy and pathology to the microscopic bodies or cells; and to know the pathology necessary to fully apply eclectic medicine, we must know the primary tissues in health before we can understand the pathological conditions as indicated by the symptoms of disease. In the microscope we have the key to the secrets almost of creation itself. With it we study the microscopic primary cell, not only in health but in disease, and thus we study the changes which occur in the wrongs of life of these cells and we find the wrong is either one of “excess, defect or perversion,” and the symptoms of the wrong indicating specifically which condition is present, guide us in selecting the specific medicine which we know surely opposes and corrects that wrong. That excessive activity and irritability of these little bodies need the soothing and quieting influence of our specific sedatives to relieve their agitation, and that a defective, sluggish, inactive condition of cell life calls for specific stimulation and nutrition, is clear to every well-trained Eclectic physician, and he immediately and without hesitation meets these specific indications with the specific means that are his heritage. Or perhaps it is the debris of broken-down, worn-out tissues that is clogging the avenues of the body, obstructing and perverting the circulatory fluids and poisoning the vital cells themselves. All this must be quickly relieved or the patient will be beyond help. So our scientific Eclectic, guided by the specific indications, supplies the specific oxidizer which destroys the lower forms of life—bacteria—breaks down dead tissue and removes lifeless debris, oxidizes and revivifies the circulatory fluids and restores to normal the functions of excretion, nutrition and reproduction, by removing obstructions and restoring circulation. Then, as is the resistance to perfect circulation, so will be the increased circulatory effort; and as is the effort

and resistance, so will be the heat result. Then, as is the circulation, so will be the temperature. This is not empiric, haphazard or guess-work, but specific knowledge gained by the study of the histological structure of the body in health, the histopathology of disease, and the direct cellular affinity of our specific medicines. Thus, knowing the wrongs of life to be excess, defect or perversion, and the action of our remedies to be stimulant, sedative or antiseptic, the problem of relief is but a mathematical calculation that can, through specific indications and specific medication, be quickly and accurately worked out. It is thus Eclectic medicine studies and treats the wrongs of life which we call disease and to which we have given a multitude of names running from Alpha to Omega, and it is thus all diseases must be finally studied and treated. The science of Eclectic medicine as compared with the common studies of therapeutics is about as the study of gross anatomy compared to that of histology and embryology. The science of Eclectic medicine has for its foundation facts gained from the study of, and proven by experimental and research work done on, the very basis of life itself, the primary or vital cell. And this science of Eclectic medicine has proven that the direct application of a specific remedy affinitive for the primary microscopic cell and definitely and positively opposed to the wrong of life affecting this vital structure is the only true practice of medicine and the only scientific application of the healing art. And we fully believe that this science of Eclectic medicine which has already accomplished so much, will go yet further and eventually be the means of vanquishing the intractable tubercle, conquering the dreaded cancer, and cleansing the foul leper.

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### **COMMON SENSE OBSTETRICS**

**Dr. G. W. Harvey, Fillmore, Cal.**

Accouchment is the natural process by which the human race is multiplied, and ordinarily, the less it is interfered with by midwives and doctors, the better it will be for all concerned.

The doctor should know how to lend aid, and to assist nature in her efforts, and be able in any emergency to advise as to the best course to pursue, but always to let well enough alone.

The greatest benefit is in preparing your patient for confinement. This should be done as required all through the period of gestation, but the last three months it is imperative



that you keep a close watch on the patient, and if you will give Helonias and Mitchella aa dram one to four ounces of Menstrum and one teaspoonful of that four times a day until the end, your patient will come through the ordeal and get up better than you ever dreamed.

If varicose veins are present or develop, give calc. flour 3x, two grains, three times a day. If she is nervous and despondent give kali. phos. 3x, in same dose and frequency. If the teeth ache give calc. phos. 3x dito, and provide the lime that the system is taking from the teeth to supply lime for the developing bones of the coming infant.

When called to wait upon the confinement, wash your hands and anoint them with pure olive oil into which a few drops of Lloyd's cinnamon have been dropped. This makes the most fragrant and positive antiseptic that I have ever used, the smell is far more pleasing to your patient than some of the stinking antiseptics that are not half as efficient.

Make sure of your position and if all is right, mix in half a glass of water thirty drops of Lloyd's Macrotys and ten drops of Gelsemium (red) and give one teaspoonful every half hour. In a normal case the trouble will very soon be over, and when it is, give fifteen drops of your Erigeron and Cinnamon Compound on a little sugar, then you are ready to change the linen and bandage the abdomen with a suitable binder tight and snug, after which she may go to sleep. In the meantime you have had the infant in mind and as soon as opportunity permits it should be oiled freely all over, head and ears and eyes, with pure olive oil. Not a speck of the vernix caseosa should remain and not a drop of water should touch the infant. As soon as this process has been completed, dress the cord with a small square of oxolint with a slit cut in one side about an inch deep. Before it is applied saturate it thoroughly with a mixture of equal parts of pure olive oil and glycerine, to which a few drops of S. P. M. Cinnamon have been added. Once applied the cord will need no further attention until it drops off, when a big fat raisin, split open end-wise, and the seeds removed will do the trick better than anything else in the world. Apply the meaty side to the navel and my word for it you will never use anything else.

Don't order any douches if you have the welfare of your patient at heart. If the Almighty had wanted the woman douched after confinement, there would be a fountain syringe with every after-birth. Let the parturient canal alone. Nature will cleanse and heal without your help just as she does in all the animals, who never have any trouble if let alone.



Before you leave the house mix two drams of S. P. M. Black Haw and one dram of Macrotys in half a glass of water and order one teaspoonful of the mixture every three or four hours, unless there should be after-pains, in which event it is to be given every twenty minutes until they stop.

If there is any trouble with the breasts, give in half a glass of water two drops of S. P. M. Aconite, and twenty drops of Phytolacca, and then of the mixture one teaspoonful every hour or two, and order them well rubbed with hot Oil of Pennyroyal every two or three hours.

If by any chance a septic condition arises Echafolta and Aconite or Veratrum as indicated in one glass and kali chlor. ten grains in another and one teaspoonful of each alternately every one-half to one hour, will very soon set things right. It has never failed me.

Keep the patient on a light or liquid diet for at least four days, and when time for a bowel movement, don't give any of the licorice compound or other pesky gripping laxative, but a dose of the effervescent phosphate of soda, a bottle of Citrate of Magnesia or Sedlitz Powders. Make it as easy as possible and as pleasant.

In over twenty years of practice I have seldom needed anything other than the above, except in placentia previa, where the natural Oil of Rhodium in ten to fifteen drop doses, on a little sugar every half to one, two or three hours, as needed, controlled things and all came out well.

Try mercury and iodides before removing a large, hard testicle.

In condylomata keep them dry and get the patient under mercurial influence.

Continued carefully directed effort rather than brilliancy, puts men on top in medicine.

Employ bichloride baths in the case of a puny infant suffering from hereditary syphilis.

Do not let delicacy keep you from asking pertinent questions of your female patients.

Look seriously upon the cardialgia of a known syphilitic. Syphilis loves the cardiovascular system.

Belladonna or atropine in generous dosage should be persisted in in enuresis if results are to be secured.

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## ANOTHER CANCER CURE

It is a lamentable fact that so-called cancer cures succeed each other with clock-like regularity. Each in turn occupies the spot light of publicity and thus becoming known is seized upon by the credulous with more or less regret. The victim of an advanced malignant disease, knowing that he surely is drowning, grasps at a straw and holds to it strenuously; but drowns nevertheless. And in the meantime, there are those in the honored profession of medicine who just as surely will grasp and hold his last dollar. Undoubtedly cancer is curable in an early stage if favorably located, and by means well known to all of us; but it is the profer to cure the incurable which is detestable. Recently there has been something in the medical journals and quite a little in the public press about "autolysin." The following article on the subject makes both interesting and instructive reading:

## THE AUTOLYSIN TREATMENT FOR CANCER

Richard Weil, M D., New York

I have received so many requests for information concerning the new treatment for cancer described as "autolysin" that I have deemed it advisable to make a public statement on the subject. The fact that I had the opportunity of personally witnessing the application of this compound in a long series of cases has placed me in a position to express an independent opinion as to its merits. At the time when Dr. Beebe was still connected with the General Memorial Hospital, New York City, a preparation was brought to the hospital authorities by Dr. A. Horowitz, with a request that its therapeutic effectiveness in cancer be made the subject of study. This mixture, which has since been described as autolysin, had been used in a number of cancer cases, and was stated to have proved of value. It had already achieved a local reputation and some degree of newspaper notoriety in the treatment of cancer.

In accordance with a well-defined policy of the Memorial Hospital which approves of the further investigation of therapeutic measures of whatever description, provided they offer the hope of assistance in cancer, Dr. Horowitz' mixture was accepted for study. Dr. Beebe volunteered to carry on this study. The rules of the medical board of the hospital prescribe that in such cases the exact composition and formula of the preparation under investigation be disclosed to at least one member of the board, and Dr. Beebe informed the board that he was in possession of complete knowledge on that subject. Consequently, Dr. Beebe was given the privilege of applying the treatment in a considerable number of cases, and the fact that I had general supervision of the clinical activities of the institution imposed on me the duty of watching the progress of these cases.

The cases entrusted to Dr. Beebe comprised a wide and diverse group, including cancer and sarcoma of the various tissues and organs of the body. Dr. Beebe has stated, in his first paper, that the cases treated in the Memorial Hospital "represent the most hopelessly incurable and inoperable group of patients." That they were inoperable is indeed true. An ethical regard for the welfare of patients forbids the use of new and experimental remedies in cases which offer a hope of cure by the older and well-tried methods of medicine and surgery. Therefore, only such cases were submitted to his treatment as could not be helped materially by the other means at our dis-

posals, such as surgery, radium or the Roentgen ray. In not a few instances, though not all, the patients were given the benefit of radium or Roentgen-ray treatment, while autolysin in addition was administered. That all of the patients were moribund, or even in very serious physical condition, is, however, not the case. There is a large group of cancer patients, as every physician knows, who are apparently in excellent, or even in perfect health, but in whom the condition of the disease entirely precludes the possibility of effective treatment. Some of the cases put in Dr. Beebe's hands at the Memorial Hospital were in good physical condition, and here the treatment, if of real value, should certainly have demonstrated its virtue.

Since January 1, 1915, twenty-three cases have been treated in the wards of the hospital by Dr. Beebe with autolysin. Of these twenty-three cases, fourteen patients died in the hospital, and eight were discharged unimproved. Only one, to the best of our knowledge, is at the present time in a condition which could be described as an improvement on that presented at the time of admission to the hospital. To this case, which seems to be identical with Case 3 of Beebe's paper of October 2, I shall come in a moment for more detailed discussion. Although the eventual outcome of the cases was not affected by Beebe's treatment, the clinical course was somewhat altered thereby. In those cases in which the mixture was injected directly into the tumors, there resulted necrosis, suppuration, and sloughing of portions of the tumor masses. This effect is quite characteristic of the action of a large number of irritant or destructive substances, whether of mineral or vegetable origin, on tumor tissue. It affects the size of the masses, and may impress the mind of the patient and his friends, but does not in the least degree impede the steady and relentless progress of the malignant growth. Indeed, there is a spontaneous tendency for malignant growths to break down and die at the center, while simultaneously the living cells at the periphery successfully pursue their mission of invasion and destruction of the healthy tissues of the body. Such a result presents not the slightest advance on methods which have been in use for centuries in the treatment of cancer. To attribute it to certain peculiar and specific virtues inherent in autolysin is, to say the least, an illogical assumption. The use of the mixture in the form of a poultice has been claimed by Dr. Beebe to produce local improvement of another type, namely, cleansing of the ulcerated surface of tumors, and a marked amelioration in the character of the discharge. This is the result which I have indeed witnessed, but it is the same result as we regularly ob-



tain in the hospital in the treatment of ulcerated carcinomas by the usual topical applications. Further than this slight incidental change, no beneficial effect was induced.

As regards the effect on malignant tumors produced by subcutaneous injection given in a part of the body distant from the disease, in other words, of the constitutional effect, we have indeed seen an improvement in the appearance of ulcerated tumors treated in this manner. On the other hand, it was no greater than the improvement which we regularly obtained in such cases by the unassisted use of the ordinary surgical dressings which were applied in these cases, exactly as in the others. Such being the fact, it seems reasonable to conclude that the improvement was due to the dressings and not to the distant injections. In no case did the constitutional treatment, as it is called, appear to exert any influence of itself.

Certain general effects are ascribed by Beebe to autolysin, such as relief of pain, diminution of anemia, improvement of appetite, nutrition and sleep. These are claims which have been made for every cure for cancer since the beginning of time. Is it, indeed, very remarkable that a patient who has been consigned to death as the victim of a hopeless malady should regain his spirits and his appetite when he is again confronted with the hope of a cure, and of the eradication of his disease? It is a phenomenon well known to every student of the disease that a large proportion of cases respond in just this manner to any treatment which is offered them. Osler has described a case of cancer of the stomach in which the mere visit to a consultant of sanguine temperament, though poor judgment, who assured the patient there was no possibility of cancer, resulted in a disappearance of all the symptoms and a gain of 18 pounds in weight. It is this psychologic fact which has occasionally deluded the honest student of a cancer cure, and which has also so generously played into the hands of the dishonest.

Contrasted with this occasional effect, however, is another set of results of which no mention is found in Beebe's first article, and a very inadequate description in the second. A fairly large proportion of our patients, certainly over half, were most unfavorably affected by the local injections. The pain of injection was not infrequently so severe that the patients refused to accept, or the intern to administer, the treatment. The consequent swelling was at times so marked as to give great distress, and in two instances the treatment appeared to be responsible for an almost fatal hemorrhage. The general effect on the health and nutrition in many cases appeared to be so deleterious as to dictate the cessation of the

treatment. Unquestionably the latter effects far outweighed the former very questionable benefits in frequency and in significance. Moreover, they occurred not only in the earlier and experimental stages of the use of autolysin, but even toward the end of the time during which it was employed in the hospital; in other words, a year of study failed materially to obviate these disastrous effects of the treatment.

I come now to a consideration of certain of those cases, reported by Dr. Beebe in his paper of October 2, "selected to include those in which markedly favorable effects have been obtained." Of all of the cases there reported, only two are recognizable as Memorial cases. To the description of at least one of the cases as detailed in this paper, and probably of the other, I am able to add certain important facts from the records of the Memorial Hospital.

Case 3 corresponds in almost every detail of the description which corresponds in every essential detail, including the age, with one treated by Dr. Beebe at the hospital. The records show that at Dr. Beebe's request this patient received three Roentgen-ray treatments for his disease, at the same time that the doctor was administering the autolysin. This fact is completely ignored in the published statement, and the remarkable improvement of the patient is ascribed entirely to autolysin.

Case 3 corresponds in almost every detail of the description with one observed and treated by Dr. Beebe in the wards of the hospital. The age of our patient, however, was given as 49, that of Case 3 as 52. The autolysin was given by poultice and injection, exactly as in the published case. The improvement detailed in Case 3 corresponds with that observed in the corresponding hospital case. In the hospital case, however, four Roentgen-ray treatments were administered, a fact which is not mentioned in the published report. In view of the discrepancy of three years in age, it is possible that the cases are not the same, although the exceptional nature of the clinical condition, with the close correspondence in so many details, would seem to render such coincidence most unlikely. The hospital case here described is the one previously referred to as the only patient now alive who shows improvement.

When one realizes the brilliant, even if often temporary results accomplished by the use of the Roentgen ray, it is quite evident that some, if not all, of the results ascribed to the autolysin are actually attributable to the rays. We have not rarely seen similar disappearance of such tumors from the use of the Roentgen ray alone.

There is a further addition of importance which I am in a position to make. Case 7, in Dr. Beebe's first paper, described the favorable results of treatment by autolysin in a case of cancer of the mouth. This was the only patient of those described from the Memorial Hospital in that paper, who was then alive and, according to Beebe, benefited by the treatment. In the second paper Dr. Beebe states that the last information received of this case was "about five months ago, when the condition was approximately as that stated in the first paper," which specified freedom from pain, a good general condition, and so marked a local improvement that a casual examination would fail to discover any remains of the tumor. This patient did indeed improve for a few weeks in Dr. Beebe's hands. When he left the hospital, however, his condition was poor, and there was unmistakable evidence of cancer in the floor of his mouth. The hospital records show that this man was discharged "unimproved" on April 5, fully six weeks before the appearance of Dr. Beebe's first paper. Several months ago he wrote to us that his condition was worse than it had ever been, and his pain increasing. Within the last few days I have been informed that his condition is critical.

Within the last few weeks, accident has brought to the hospital another case in which the published records require serious correction. Dr. Henry Smith Williams, who is associated with Drs. Beebe and Beveridge in the enthusiastic advocacy of the autolysin treatment, has recently written a popular review of the treatment for Hearst's Magazine of September. This article had wide circulation through the country, and to my personal knowledge has added several recruits to the army of autolysin patients. In that article appears the illustration of an autolysin case, with the statement that "here autolysin has practically completed the cure."

During the very month of that issue, namely, September, the same patient was under treatment at the Memorial Hospital, having sought help in July for a rapid extension of his disease. His photograph at the present time forms an interesting pendant to that in Hearst's. This patient affirms under oath that the photograph in Hearst's was taken on the very day following his first and only treatment with autolysin on June 28. He states that he never again consulted Dr. Beebe or his associates or communicated with them in any way.

These few facts complete the data which I can at present add to the discussion of the efficacy of the autolysin method. In view of the fact, however, that patients are coming to seek it even from distant states and that, to my personal knowledge,



many unfortunates, suffering not alone from the disease but from poverty, have had to make the most serious financial sacrifices in order to secure the fancied benefits and meet the expense of the treatment, it may not be amiss to add such further considerations as might be of assistance in estimating its value.

Autolysin has certain of the characteristics which are presented by many of the cancer nostrums of past centuries. Such is the fact that it is composed of a congeries of herbs, the pharmacologic action of which is practically unknown. A more serious accusation, however, can be brought against it. Beebe and his associates are in the position of claiming to have made certain cancer patients "clinically well" with a remedy, the composition of which they have not divulged. The list of herbs which they recite gives no adequate description of the mixture. They disclose neither the parts of the plants which they use, nor the mode of preparation. I violate no confidence when I state that Dr. Beebe gave his word to the medical board of the Memorial Hospital that nothing would be published concerning the effects of autolysin, without previously disclosing publicly its formula and preparation. It might be thought that even though the formula had been withheld, the profession could obtain the mixture for use in the treatment of cancer cases. An interesting document in this connection is furnished by a letter to a physician in Seattle, dated July 29, signed by S. P. Beebe, and recently published by Northwest Medicine. In that letter Dr. Beebe declares to his correspondent that the ordinary physician is not competent to use the drug, and lays down the financial terms on which his firm is ready to examine the case—the sum of \$250 for "examination, consultation, etc." Of course, writes Beebe, if the doctor will come to New York from Seattle they will be glad to show him how to administer autolysin. After this, the doctor will be able to administer it himself.

I wish to add a word in conclusion. The majority of those who will read this article have had practically no means of judging of this treatment through their own observation. Cancer patients are peculiarly gullible, and will snatch at any straw in the hopeless struggle against their disease. Such unfortunates gladly undertake long and painful journeys at the cost of great suffering, and surrender their last remaining dollar, in the hope of gaining relief. Surely they deserve to know all that we can tell them of the treatment which is so enticingly portrayed. My own personal belief, founded on long ob-



servation, is that autolysin is useless; that it adds nothing of value to the methods now generally accepted; and that it often aggravates the sufferings and accelerates the death of the patient.—Journal American Medical Association.

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### KING CANDY

Candy has become a staple article of food found everywhere. Americans are said to have a "sweet tooth" or great fondness for it. Eaten in moderation, it is a wholesome food. It has seemingly been found to be more than a food, for several agencies aver that a free indulgence in candy drives away a desire for alcohol. Candy is said to assuage the craving for alcoholic stimulants, and in proportion as the fondness for and indulgence in candy increases the desire for alcoholic beverages decreases, according to the Confectioners' Journal. One of the chief reasons why there is more drunkenness among men than women is probably because women eat more confectionery than men. There was a time when candy was considered only fit for women and children. The Confectioners' Journal says that today you can find a box containing candy in a drawer of the office desk of the "old man" who "directs things" in perhaps two-thirds of the business places in the larger cities. So has the habit grown.

If any man doubts that candy will cure him of the drink habit, he can easily test it. The man who puts lots of molasses on his wheat cakes at breakfast will find himself gradually forgetting to stop in for his customary drink on his way to his work. If the man who "goes out" between times for liquid refreshments will go in a candy store instead and get five or ten cents' worth of candy and eat it, he will be surprised at the effect, for it will not be very long until he will have a box of candy in his pocket or desk.

It has often been noted that, in theatres where candy is sold during the intermissions, "going out to see a man" does not prevail to anything like the extent it does in other theatres where no candy selling is permitted. Not one man in a hundred knows why he forgot to "go out and see a man" after he had bought a box of candy for his companion and eaten a little of it himself for politeness' sake.

The general public is rapidly learning that candy is one of the best things in the food world. As to reasons for this, we will quote Prof. Simon N. Patten in his study of "The Development of English Thought," as follows:

"Liquor is necessary with plain food, especially when a large use is made of vegetables. Such food would be unpalatable but for a free use of pepper, salt, vinegar and other condiments. It is pleasant only when some liquor is used as a complement. The old diet was thus essentially a liquor diet, the liquor being its main source of pleasure. . . . The cheapness of sugar now enables a satisfactory diet to be obtained without the use of alcohol. The sweet dishes are essential parts of each meal, and about them the other foods are arranged just as in earlier days they were co-ordinated with alcoholic beverages.

"This change has already gone so far that a large portion of society has adjusted itself to it. So long as a liquor diet was essential people put up with the many evils incident to it without much complaint; but when it was no longer necessary to health a reaction against its evils was inevitable. The drinking man is no longer the cheap man in production. A sugar diet is less costly than a liquor diet, and he who lives on it has an advantage in many branches of production. . . . We are apt to look upon temperance problems from a moral point of view. The real issue, however, is economic, and will work itself out with little regard for other considerations. The temperance movement is sure to grow, and temperance instincts and habits will be acquired by the same economic pressure that created the earlier psychic changes in the race."

Some months ago The Saturday Evening Post contained an article entitled "Keeping John Barleycorn Off the Train." It appears that a western railroad corporation had employed a "social engineer," whose duty it was and is to make life off duty comfortable and satisfactory to the trainmen. A series of club houses were established at the expense of the company, and greatly to the detriment of numerous saloons. Many of the engineers and firemen still felt the occasional old hankering for a drink, in spite of the temperance environment of the club houses. To overcome this craving the social engineer tried candy. It did the trick. The thirsty man, tempted to backslide to alcohol, found that chocolates and bonbons were really what he needed to satisfy his gastric longings. Therefore candies were placed on sale at cost in the club houses. Last year the railroad management handled in its club houses 48,000 pounds of confectionery. Most of the saloons have quit business in the locality of the club houses, it is said. Here in the east Y. M. C. A. organizations are plentiful along the railroads.

Sugar is, after meat, bread and butter, easily our next most important and necessary food. You can put the matter

to a test very easily. Just leave off the pie, pudding or other dessert at your lunch or midday dinner. You will be astonished to find how quickly you will feel "empty" again, and how "unfinished" the meal will seem. You cannot get a working man to accept a dinner pail without pie in it. The only thing that can take the place of sugar here is beer or wine.

It is a significant fact that the free lunch counters run in connection with bars furnish every imaginable thing but sweets. Even the restaurants and lunch grills attached to saloons or bars often refuse to serve desserts of any kind. The proprietors know their business. The more sugar and sweets a man takes at a meal, the less alcohol he wants. Conversely, nearly every drinking man will tell you that he has lost his taste for sweets. The more candy a nation consumes, the less alcohol it imbibes.

The United States Government buys candy by the ton and ships it to the Philippines to be sold at cost to the soldiers through the canteens. Many thousands of pounds are used in the navy, also. All men crave it in the tropics as well as elsewhere, and the more they get of it the less "vino" and whiskey they want.

As a matter of fact, the prejudice against sugar is born of puritanism and stinginess, equal parts. Whatever children cry for must be bad for them, according to the pure doctrine of original sin; besides, it costs money. There are families in the rural districts yet where the head of the family groans over every dollar's worth of sugar that comes into the house as a sinful and "unwholesome" luxury.

A brewer in the west is said to have made a tour of the western prohibition states and found that where the saloon had been abolished candy stores had taken their places. He found in all those states a big demand for candy and that its consumption had increased in proportion as the liquor selling decreased. He is said to have returned home and established a candy factory to supply the western trade. It is no accident that whenever any locality goes "dry" ice cream and candy stores—or drug stores whose chief business is candy and soda water—move into the corners vacated by saloons.

A statement emanated from Boston some time ago which affords a pleasing evidence of the widespread change of attitude with regard to sweets in their varied forms now observed among physicians and editors, and was as follows:

"The richest ice cream and plenty of the finest chocolates constitute the ideal cure for delirium tremens, or plain drunkenness either, according to Dr. Andreas, a leading Back Bay practitioner.

Take the case of a man who has been on a spree for a long time, and the best cure is to give him ice cream, for it has a cooling effect on the stomach and the coldness absorbs the heat of the alcoholic inflammation."

Let us persuade all our alcoholic patients and those inclined to be alcoholic to eat candy instead of imbibing alcohol, and cultivate a taste for confectionery and thereby lose the taste for alcohol.

The value of candy is recognized by the military authorities in Europe during the present war. The early descriptions of the war, sent by American correspondents, mentioned the great amount of chocolate the soldiers had. Hardly an account came over from correspondents with or near any of the armies but mentioned the chocolate, even the Russian soldiers having plenty of it. The British soldiers in France are reported as consuming "prodigious quantities of sweets." A captain at the front with the British army reports that the canteen has "five times the demand for sweets that was expected and one-fifth the demand for beer." The Australians encamped in Egypt have eaten all the chocolate to be had in Cairo.

Chocolate is harmlessly stimulating. Soldiers have discovered what scientists knew before, that sugar will relieve fatigue quickly and give a sense of strength that is real without the subsequent depression experienced by those who use spirits. Sugar and candies are found to be useful not only to the physically tired, but to those who suffer mental exhaustion. Sugar, of course, is one of the most easily digested carbohydrates. It requires water, however, to aid in its solution and digestion. The water also assists in dissolving and removing the sugar from the mouth and thus avoids its forming acid and damaging the teeth. The trouble that arose from candy eating was that not enough water was taken with the candy to aid in its digestion. This fault is easily remedied, however.

We have heard it said that children should be given all the candy they want. This is harmful advice, for any person or animal can eat too much of any kind of food and be sickened by it. No man who knows anything about horses would think of letting his horse eat all the oats he wanted, for a horse could eat enough of them to kill him. The same is true of other animals. Even inanimate things can get too much. For instance, you can pour too much oil in your automobile or get too rich a gasoline mixture, either of which will soot up your spark plugs and stop your engine.

Moderation is best in all things. The uses of confectionery as here set forth are worthy of extended notice and we hope



our readers will disseminate the knowledge wherever it will do good.

This, of course, does not condemn the Allen treatment of diabetes, in which no sugar or starch is allowed and alcohol takes the place of food for a few days.—The Medical World.

### **SOCIETY CALENDAR**

National Eclectic Medical Association meets in Cedar Point, Ohio, June 1916. T. D. Adlerman, M. D., New York, president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectic Medical Society of the State of California meets in San Francisco June, 1916. Chas. Clark, M. D., San Francisco, president; H. F. Scudder, M. D., Los Angeles, secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May 5, 1915. J. F. Barbrick, M. D., Los Angeles, president; H. C. Smith, M. D., Los Angeles, secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. A. P. Baird, M. D., Los Angeles, Cal., president; H. Ford Scudder, M. D., 1621 W. Pico Street, Los Angeles, secretary.

### **LOS ANGELES ECLECTIC MEDICAL SOCIETY**

The regular monthly meeting of the Los Angeles Eclectic Medical Society was held March 7, 1916, at the office of the Secretary, Dr. H. Ford Scudder, 1621 West Pico Street. The meeting was called to order by the President, Dr. A. P. Baird. The minutes of the previous meeting were read by the Secretary and approved as read. The Secretary then read a letter from the Governor in answer to the letter sent by the Society, relative to the State Compensation Insurance Commission.

Motion by Dr. O. C. Welbourn, seconded by Dr. Newton, that the letter be spread upon the minutes. Carried.

The following applications for membership were presented: J. C. Reinsmidt, M. D.; John M. Cleaver, M. D.; Oran Newton, M. D.; E. S. McClelland, M. D. According to the usual procedure they were referred to the Board of Censors to be reported at the next meeting.

Motion by Dr. Welbourn, seconded by Dr. Smith, that a committee with power to act, be appointed by the President to confer with the Homeopathic Physicians, with a view of securing more friendly relations. Carried.

The meeting then proceeded to the reading of the paper, "La Grippe," by Dr. H. V. Brown. This was a very able paper

and was freely discussed, especially that part relating to serum and the treatment of obstinate cases. The society then adjourned to meet at the office of Dr. H. V. Brown in April.

### NEWS ITEMS

Dr. Hanna Scott-Turner, Pomona, has been in the city frequently on professional business.

Dr. E. P. Bailey, Los Angeles, has moved to Long Beach, his former location.

Dr. J. Fraser Barbrick has sold his practice to Dr. E. S. McClellan and returned to his former location in Boston.

Dr. Henry G. Pyle who has been located in Long Beach for the last year has returned East and will locate in Peoria, Illinois.

Died: Mr. Wm. Price Hagee, president of The Katharmon Chemical Co., February 3, 1916.

Dr. Hicks, formerly located in Mariposa, California, has returned from an extended trip to Australia and the South Seas. He expects to go to New York for post graduate work after spending some time in Los Angeles.

Dr. H. V. Riewel, Oceanside, was in Los Angeles last month on professional business.

Dr. C. E. Fisher, Sterling, Colorado, was in Los Angeles last month looking over the various locations, with an idea of founding an Homeopathic Hospital.

Died: Dr. Wm. Church, Gary, Indiana. Died very suddenly in Chicago, on February 16, 1916.

FOR SALE: On account of poor health a physician living in small town in central California, prosperous community, wishes to sell his practice very reasonably. Write care of this office.

### CORYZA—ACUTE NASAL CATARRH

This condition is manifested by a local congestion of the nasal mucous membrane, with an infiltration of serum into the tissues and later an exudation on the part of the mucous membrane.

The local treatment calls for a remedy capable of relieving the engorgement by exosmosis, which can never be achieved by the use of acid or astringent preparations.

The use of Glyco-Thymoline in these cases purges the mucous membrane, relieving the congestion, and then by stimulating the local capillary circulation to renewed activity prevents a re-engorgement.

# The California Eclectic Medical Journal

Vol. XXXVII

MAY, 1916

No. 5

❖ Original Contributions ❖

## CANNABIS INDICA

Herbert T. Cox, M. D., Los Angeles, Cal.

(Read before the Los Angeles Eclectic Medical Society.)

Cannabis Indica or Indian Cannabis is perhaps one of the oldest known drugs in the vegetable materia medica. The beginning of its use is lost in antiquity, and its physiological properties were quite well known in the Oriental countries before there was any written history to accurately record the facts. In those periods covered by the oldest histories of Asia Minor and East Indies it was used as a narcotic. Imported into Europe in the Seventeenth Century it fell into disrepute until Napoleon's expedition to Egypt, 1809-10, when its use was again revived and after experiments in 1838 by O'Shaughnessy in Calcutta, it received its place in most pharmacopeias and materia medicas.

Properties attributed to it by various authorities are as follows: Hypnotic, antispasmodic, narcotic, analgesic, sedative, aphrodisiac; and cerebral excitant (physiological action.) It is classed with such drugs as belladonna, atropine, hyoscyamus and stramonium.

The chief constituents are (1) cannabinon, a soft resin (2) chlorine which is contained in (3) tetano-cannabinine and with alkalis give (4) cannabinine, (5) cannabin, a brown, amorphous resin which is very active, and is perhaps the main active principle.

Physiological Action: Externally and locally the action is nil.

Internally-Digestive System: Sedative to stomach, sometimes it promotes the appetite and digestion. Its use causes no gastro-intestinal disturbance or constipation.

Nervous System: Principal influence is on the cerebrum, being perhaps the most powerful stimulant of the psychic functions known. It was largely employed in the Orient for this purpose, but moderate use does not appear to be attended

by any injurious effects. Taken to excess it produces tremor, loss of appetite and strength, and sometimes gives rise to mania or dementia. In the influence of *cannabis indica* upon the nervous system the patient shows exuberant spirits, brilliant conversations with little continuity of thought. He passes into semi-consciousness; general sensibility is diminished and this effect may deepen into complete anæsthesia.

It may result in tranquil sleep from which he awakens without any feeling of depression, but refreshed and with an acute sense of hunger. In the Caucasian race the primary stage of exaltation or intoxication may be quite short and is sometimes entirely absent, deep sleep coming on after a feeling of heaviness and drowsiness.

Peripheral nerves of touch and pain are dulled, medullary centers of respiration and circulation but little affected, although the heart may be slightly quickened and respiration slightly slowed. From poisonous doses there is delirious intoxication.

Therapeutic doses, produce a mild general depression of intellectual and sensory centers of the cerebrum and quieting of nervous excitability. Like opium it may produce sleep in the presence of pain. Gastro-intestinal tract—a single dose does not produce constipation, but after long continued administration there is a tendency to constipation but not to the same extent that opium causes disturbance of nutrition, and constipation. Dryness of the mouth, thirst, nausea and vomiting are untoward effects occasionally seen from large doses.

Absorption and elimination: Slowly eliminated, effects sometimes persisting for 24 hours or more. It has no depressing action on the temperature. It dilates the pupil in contradistinction to opium and produces exaggerated vision.

Uterus: Uterine stimulant, increases energy of uterus but not to inaugurate uterine contractions.

Therapy: As a general hypnotic it is somewhat unreliable, often producing excitement without sleep, so that it acts best given in conjunction with other hypnotics as chloral or the bromides. It may be used where opium is contra-indicated and as a substitute for it in some mental diseases, such as melancholia and mania. It is a sovereign remedy in headache attending menopause, having the reputation of curing many cases. It is also a good remedy in some nervous diseases with palpitation of the heart and has some anti-spasmodic action in hysterical convulsions.

It is a good analgesic in migraine and neuralgias; combined with gelsemium it has long been useful in aborting distressing attacks of migraine. On account of its peripheral



action it has a good place in senile pruritus and neuralgias. It is a valuable adjuvant to cough mixtures to relieve tickling or irritation of the throat or the excessive cough of bronchitis or phthisis. It is an ingredient of many ready prepared cough sedatives. One of its broadest fields is that of genito-urinary diseases. Here it is useful in the painful stages of gonorrhoea, also in stranguary and chordee. It is a good anodyne to use in cystitis and irritable bladder. It is these conditions that we generally have in mind when we think of cannabis and are apt to forget its other uses. It is also very useful in diarrheas and other painful conditions of the bowels and stomach.

Cannabis has a rather limited use, yet many a condition might be alleviated with its aid instead of the more depressing drugs. It must not be forgotten though that it has sometimes a tendency to produce a habit. Butler in his *materia medica* when closing his discussion has this to say regarding the preparations of the drug. "It is advisable to prescribe invariably the preparations of that particular manufacture which experience has shown to produce samples of uniform strength." Another objection is that the fluid preparations do not mix well with many vehicles and that they are decidedly gummy or resinous, and have a great tendency also to crawl out of the bottle over the cork outside of the bottle and elsewhere. When some pharmacist discovers an active principle or preparation that may be given hypodermatically or more easily and agreeably dispensed then perhaps we will use it to better advantage.

### **TYPHOID FEVER**

**By Dr. M. E. Eastman, Weaverville, Cal.**

Typhoid Fever is a specific, infectious disease, characterized by the presence in the intestinal tract, mesenteric glands and spleen of the bacillus of Eberth.

The course of the disease under the ordinary system of treatment has been from four to twelve weeks; frequent relapses, and many complications and sequela. In fact, the laity has been educated to believe by these long drawn out lines of treatment, that a case of typhoid fever cannot be terminated in less time than from four weeks to three months. And when a physician has a typhoid fever patient up and around in any less time, they invariably say that he was mistaken in his diagnosis.

**Etiology:** The cause of this disease is so well known that

no controversy exists; every physician recognizes that in every case an infection has taken place on account of the presence of the Eberth bacillus. However, there are many predisposing factors which enter in that tend to make cases very serious, and a consideration of their influences and consequences are needful in order that a rational and effective line of treatment be adopted.

The disease is not limited to any one zone nor by the seasons of the year. While it is more prevalent in the temperate zone than others, yet the physicians of the Tropic and Arctic zones have it to contend with. Its frequency in the fall months of the year have caused it to be termed the "autumnal fever," yet it is encountered during the spring, summer and winter months as well.

Lowered vitality of the individual is one of the greatest, and I might say one of the most common, of the predisposing factors of the disease. The causes for this condition are so many and varied that it would be superfluous to endeavor to enumerate them in this article as every practicing physician is perfectly familiar with the digression and indiscretion of the average individual from the pathway of health.

However, it may be well to note that whenever there is a catarrhal state of the intestinal tract, the likelihood of becoming infected by the bacillus is greater than when such a condition does not exist.

The bacillus is conveyed into the system in nearly every instance through the medium of water or milk. There are instances of record where persons have become infected by wearing the clothing of those who had previously been ill with the disease. However, such a way of infection is very unlikely during this day and age, owing to the widespread education on hygiene, and the benefits accruing from sterilization of the clothing and bedding and the room of a person who has had an infectious disease before being occupied by another.

The bacillus may be found in the blood, urine, stools, liver, spleen, and the intestinal tract, and the mesenteric glands. Reports have been made of their being found in the meninges of the brain and spinal cord, in the heart muscle, the lungs and the testicles.

**Symptoms:** The period of incubation is indefinite, though the consensus of opinion amongst medical men is that of two weeks. However, there is no doubt that in many instances the time is much shorter than two weeks, while in other cases it appears to have been longer.

The more common symptoms observed are an increased sense of weakness and fatigue; disturbed sleep, failure of appe-

tite, a tendency to looseness of the bowels, nausea, coated tongue, headache, and a slight rise in temperature.

The temperature gradually rises from day to day until it reaches a height of 103 to 104 degrees, with a slight decrease in the morning but with increased severity in the evening.

In about two weeks after the period of incubation a rose colored eruption appears, usually on the upper part of the abdomen. The lassitude increases and the patient lies most of the time with the eyes closed as in sleep. Delirium may occur coming on at night. The pulse rate is increased but not in proportion to the increase in temperature rise. The abdomen may be moderately distended and tympanitic. Constipation may be present but there is generally a looseness of the bowels with rice colored excreta.

During the second week of the disease the symptoms are all aggravated and increased in severity. The tongue will lose some of its coat, especially at the tip and on the edges, but the center will be coated brown, become dry and very much swollen. The spleen will be found enlarged and easily palpated. Widal's test will demonstrate the presence of the bacilli during the second week more easily than at any other time in the course of the disease.

**Prognosis:** This will depend upon the severity of the infection. The vitality of the patient and the line of treatment instituted. Except in unusually severe cases the prognosis is favorable. To secure the best of results the physician must have an attendant in care of the patient who will follow directions implicitly and not be influenced by the whims and vagaries of relatives and friends.

**Treatment:** It is presumed that every practicing physician is familiar with the treatment outlined in the text books, and also that he has learned to pin his faith to certain remedies which give him better results than others in the treatment of this affection. For this reason I will simply outline the treatment, which in my practice, has given universal success during many years of medical work. I do not wish to convey the idea that any one set line of medication will meet every indication in every case of typhoid fever, but in every case of this nature there are certain fundamental principles of treatment which should be employed. The symptomatic conditions of each case are to be combatted as they arise.

Remember however that the primary infection is in the intestinal tract; that a catarrhal condition in the tract provides the best soil in which to secure a prolific propagation of the bacilli; that to lessen this catarrhal condition, and keep the



tract clean are matters of prime importance in cutting short the course of this disease.

Upon visiting a patient who presents a symptomatic picture of typhoid fever and the history of the case with the surrounding hygienic conditions points unmistakably to this being the disease, my first procedure is to order a high enema, and have it repeated every six hours until the intestinal tract is cleared from all fecal accumulations. The enema to be of two quarts of hot water to which one tablespoonful of table salt has been dissolved. Have the patient lie on the right side and introduce the water into the bowl slowly, until he can retain it no longer then let it pass off. When there is no solid matter in the bowl I disconnect the colon tube from the syringe tube and allow the water to pass off without the patient rising from the bed.

Deny the patient all food, and permit him to drink only sterile water or diluted fruit juices. If there is constipation prescribe any combination that embodies a laxative and liver stimulant; one particularly that causes an increased flow of bile.

Internally prescribe the following:

Rx.

Specific Echafolta.....	drams	5
Specific Baptisia.....	minims	10
Aqua dest. q. s.....	ounces	4

Mix. Sig. Take one teaspoonful every hour with plenty of water.

Rx.

Abbott's Intestinal Antiseptic tablets, one every two hours, Have the patient chew the tablet and wash down with plenty of water. Whenever the temperature reaches 102 degrees give a cool sponge bath, and a high enema of water from 60 to 80 degrees.

If the tongue becomes very dry and swollen give an occasional dose of five grains of Carbonate of Ammonia. For distension and tympany of the abdomen use frequently repeated applications of hot turpentine stupes.

Should hemorrhage of the bowels occur use ice packs to the abdomen and a hypodermic of Emetine or Lloyds Lycopus.

Follow this course of treatment persistently and your patient will be out of bed and on the road to recovery inside of two weeks, and sometimes at even an earlier date.

During convalescence be very careful as to diet. Buttermilk or milk in which have been dissolved the Bacillus Bulgaricus tablets, should be the base of the diet during the first two weeks. Egg albumen in water, rice or barley water, and very gradually come to a full diet.



**PULSATILLA IN INEFFICIENT LABOR****Herbert T. Webster, M. D., Oakland, Cal.**

Like most Eclectic remedies pulsatilla has an ancient history. Before Hahnemann, even though his followers claim it as a Homeopathic remedy, it was made prominent through its specific influence on the eyes of Baron Stork. We will not, then, do ourselves proud by proclaiming ourselves its discoverer, or even by claiming any new use for it. This remains for our posterity, if new application should ever be found.

However, it might be profitable to look over our present application of it to disease, and ask ourselves if we are taking advantage of what the past has afforded us in improving all the valuable uses to which it may be put.

In a copy of the United States Dispensatory bearing date of 1888, I find the following testimony as to its therapeutic value—a fitting commentary on old school opinion of new school therapeutics. Of course it was written twenty-seven years ago, and there has been some awakening since, though not among the majority of teachers in old school colleges. But to quote: "We have no actual knowledge as to the action of this new official. It has been employed in Germany and other parts of Europe, especially by Homeopathic practitioners, by whom the drug is much used for the relief of amenorrhea and dysmenorrhea, and for other purposes. Given infinitesimal amounts, with due ceremony as to dilution, tumblers and spoon to credulous, hysterical women, it may sometimes be of service; but whether it has any application is very doubtful." No wonder that with such textbooks the allopathics branch is full of doubting Thomases.

The latest edition of the American Dispensatory contains a very lengthy description of the therapeutic uses of pulsatilla, but omits its important application as a partus accelerator. Few of our writers on the remedy refer to this. It seems to have been overlooked, and yet I believe this is one of its most important functions.

As a safe and reliable remedy when the pains are inefficient and distressing I have never found any other remedy so satisfactory as pulsatilla. Conditions are almost invariably changed for the better before the second dose is administered. At least, a few small doses, administered from fifteen minutes to half an hour apart, hastens the labor favorably within a reasonable time. I cannot indorse all that some Homeopathic authors claim for it in parturition, but perhaps I have not given it credit for all it is able to accomplish.

A little review of two leading authorities in that school

may not be amiss here, for we all have something still to learn, and even an old acquaintance may possess some new charm. I am glad to appropriate anything good, whether it emanates from Homeopathy or from an ancient grandmother.

Regarding the action of pulsatilla in labor, Kent, one of the comparatively late prominent authors, remarks: "Shivering in the first stage of labor. Hysterical manifestations through labor. Pains have all ceased or are irregular, so that they do no good. No dilatation has taken place. But when the pains come on we have some important symptoms. A pain comes on and it seems to be about to finish satisfactorily; it has been regular and prolonged until about two-thirds through, and all at once she screams out and grasps her hip—the pain has left the uterus and gone to the hip, causing a cramp in the hip, and she has to be rubbed and turned over. This medicine will regulate the pains, and when the next pain comes it will hold on to the very end. So impressionable is this woman during confinement that if she is subjected to any emotion—such as having an emotional story told in the room or if anything excitable occurs—the pain will stop. If she has passed through labor and the lochia has been established, from such a course the lochia will stop, as if she has taken cold, and she will have cramps and troublesome afterpains, the milk will be suppressed, she will feel sore and bruised all over, and have fever."

I have frequently been called to labor that has been in progress for eight or ten hours and made a preliminary examination, expecting from the report of the nurse to find labor well advanced, to be surprised in finding hardly any dilatation at all. Another surprise has followed when after administering pulsatilla dilatation has gone on rapidly, labor terminating find that I can learn something almost every day. That pulsatilla is capable of turning a child during labor seems like speedily and satisfactorily. In such cases pulsatilla undoubtedly favors relaxation of the os. It may not do this by acting as an antispasmodic, like lobelia or gelsemium, or jaborandi, but by correcting an improper distribution of the nervous impulse, which has acted to retard matters.

The excruciating, inefficient pains which sometimes usher in and continue through the first stage, seem to be speedily improved by the action of pulsatilla. Like macrotys, its action is invariably harmless, even if ineffective, so one does not go very much wrong, if disappointed in its remedial action.

Some of the Homeopathic claims for the remedy seem to be rather extravagant, but even here I do not care to pose as too severe a critic. What I know about therapeutics I know,

but I realize that there are many things I do not know, and endowing it with an intelligence. I believe in specific affinity in therapeutics, but not in intelligence, so far as the action of a remedy is concerned. However, there are Homeopaths who assert that such is the capability of this remedy. The following from Hughes illustrates, as well as affords some really useful hints as to the action of pulsatilla in other respects: "It presides in a most beneficial manner over the function of parturition. Given daily for a month or so previously, it greatly facilitates the process in women whose labors are tedious and difficult. In labor itself, when the pains are irregular, tardy, and defective, yet ergot is hardly called for, pulsatilla will often do good service; as also when from the same cause the placenta is unduly retained. There are several cases recorded which leave little doubt but that in false presentations pulsatilla favors spontaneous version. You may smile at this proposition, but spontaneous version is not so uncommon an occurrence, which shows that nature has means of effecting the change, and may well be helped thereto by an appropriate drug-stimulus. The evidence that pulsatilla does render such aid comes from several practitioners, both in France and in America. And if you suggest that the cures they report may have been instances of spontaneous version of which I have spoken, I will adduce the testimony of Dr. Mercy Jackson of Boston. In a communication made by this experienced lady to the American Institute of Homeopathy in 1875, she relates fifteen successive cases of false presentation, being all that had occurred in her practice from a certain time onwards. In every case she administered pulsatilla, and in every one the body underwent rotation and the head came to the fore. It is beyond all probability that these fifteen cases should have been a series of coincidences."

With all due respect for Dr. Hughes, and Dr. Mercy Jackson, now, I believe, deceased, we have it to remember that in her writings she asserts that she has felt a procidentia uteri rise into the pelvis so rapidly after taking sepia that its movement was plainly felt, as if raised by a power within the pelvis; and must accredit her with a remarkable imagination.

Still, after all is said and done, those who give pulsatilla a fair and impartial trial in parturition will hardly be disappointed in its favorable action, wherever it is possible for a parturient to accomplish therapeutic effect.

I add twenty or thirty drops of the specific medicine to four ounces of water and order a teaspoonful every fifteen minutes twice, then every half hour or hour, as circumstances demand.



# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

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## IMPROVE YOUR OPPORTUNITIES

It has been alleged that diagnostic ability is on the decline. While such a statement is largely a matter of opinion, still many facts can be advanced to substantiate it. In many diseases the old methods of analytical clinical study have been supplanted by laboratory methods. This is called "scientific progress," but sometimes it were more accurately written "latest style." It is far from our intention to decry the benefits of laboratory work. Rather, would we suggest its limitations. For example let the reader himself calculate the percentage of children's diseases that he diagnoses by laboratory methods alone and compare it with those in which he depends entirely upon clinical methods. Again to cure pulmonary tuberculosis it is necessary to make a diagnosis before the bacillus tuberculosis appears in the sputum, and in typhoid fever the battle is won or lost before the Widal test becomes active. Here, as in almost all other diseases, a correct estimate of the symptoms and physical signs are of first importance. Also no laboratory methods will show you that an asthma is due to a valvular heart lesion or that an indigestion is due to a chronic appendicitis. The ability to understand



what the six senses tell us is a necessary condition for a successful diagnostician. To acquire such skill requires neither complicated apparatus nor special courses, though these things help a lot. The one indispensable necessity is thoughtful practice. Fortunately most patients like to be examined and the opportunities to gain knowledge are ample. It is not necessary to confine your attention to organs obviously diseased. Study normal organs also, otherwise you have no mental picture of a normal condition with which to compare the distorted one. Here, as elsewhere, hard work is the price of success.

### OBITUARY

It is with a good deal of sorrow that the writer records the obituary of the late Doctor Church, whom I learned to admire as a man and a physician of sterling worth, while he was my Professor in the Chair of Diagnosis in the California Medical College.

Professor Church was a man of rare ability coupled with fearlessness, exceedingly painstaking and exceedingly thorough in his work, which combined to make him a teacher, practitioner and operator of great merit.

In the departure of Doctor Church, Eclecticism has lost a stalworth supporter, the medical profession a bright and capable physician and surgeon and last but not least his widow has lost a good, loving husband.

We can all condone our loss with the thought that he was given to us so long and that he kept in the harness to the very end, dying while preparing for an operation.

I would like to say many nice, good things of our departed friend, but I revere his memory too well to mention them here. Knowing how abhorrent he was of anything that smacked of praise of men, I will mention one of his bad traits as I have reason never to forget it. Professor Church had a unique way of quizzing that made the whole class afraid of being caught unprepared. He would suddenly light on some one and quiz that one for thirty minutes, asking enough questions to cover the previous lecture. I happened to be that one the second lecture of my Junior year, and was totally unprepared for such a strong bombardment. He found my weak places both fore and aft, and raked them unmercifully. I thought then I'd never forgive him, but he got my Scotch blood to boiling and I was ready for him ever after. I wasn't the only one that fell before his merciless thirty-minute quick-fire of questions. Some who read this will remember their Waterloo, but it made

us all humble and now we can thank him for his unique method.

To know Professor Church was to admire him, and I refrain to further speak of his merits for the reason above given, and I only wish there may be another to take the place left vacant by his decease.

In behalf of the Alumni of the California Eclectic Medical College and members of the Los Angeles Eclectic Medical Society. Sincerely,

A. P. BAIRD.

### **A PLEA FOR PRACTICAL METHODS IN DIAGNOSIS**

**By J. W. Kennedy, M. D., F. A. C. S., Philadelphia, Pa.**

In conversation with a fine lot of young men with whom I come in contact and who are eager to take up abdominal surgery, I rarely say anything to them about the surgery itself but impress them with the importance of becoming diagnosticians. The young man who graduates and immediately becomes an abdominal surgeon without an apprenticeship, has not a surgical soul and will never make a surgeon.

After an apprenticeship of several thousand abdominal operations under the late Joseph Price and having done a large number in my own work, I still find myself crying out for that master surgeon's counsel.

Later in my discussion I will bring out the need for such an apprenticeship when I discuss the reprehensible number of cases which come to us for secondary work and are surgical omissions and commissions.

This ultrally scientific age has brought forth much that is of extreme and vital interest to our profession, but are we not forgetting many of the most valuable lessons of our past masters?

As much as it may seem uncomplimentary to a progressing age, I question whether or not the young graduate of this day is as good a diagnostician, from the clinical standpoint, as was the equally young graduate of a quarter of a century ago. Neither medicine nor surgery is an exact science, and those ultrally scientific means of recognizing disease, as yet, have not compensated for the loss of interest and knowledge which may be derived from a careful study of clinical history, physical signs and symptoms. To bear out the importance of this point, I am forced to relate my experience of twelve years' apprenticeship under Doctor Price.

### **A Practical Diagnosis**

Probably no man of large experience was more practical than he, and probably no one relied so exclusively upon diagnosis derived from a careful clinical and physical examination of his patient.

During this long service under him, I never knew the Doctor to make a gross error in the diagnosis of an abdominal lesion. He was always sufficiently right, in that he never made a second incision and always entered the abdominal cavity at the right point through an incision that was only sufficiently large to remove the underlying pathology.

During my entire experience with him I never saw him introduce his entire hand into the abdominal cavity. I mention this to show the importance of a study of clinical history and physical signs and to condemn that wholesale introduction of hand and arm into the abdominal cavity for diagnostic purpose.

### **The Older Writers**

I advise a review of some of the older writers who wrote so intelligently and instructively on clinical history and physical signs. This neglect of life's history of disease comes from an eagerness to advocate that which is supposed to be most modern and scientific. This eagerness has made the enthusiast inconsistent and he is overlooking and forgetting the cardinal principles upon which diagnosis stands. Every time I have rejected a diagnosis which was acquired by a careful taking of the clinical history and confirmed by physical signs, and operated to satisfy the diagnosis determined by ultrally scientific and mechanical means of investigation, I have been in error.

Read the works of Trousseau and other contemporaries. The old style classical lecture was stimulating and enthused the minds of men to greater things, and I regret that many of our teachers are assigning lessons from text-books which they have written, or more probably compiled, and quiz the students over the assigned subject. This may be a convenient way to teach, but it lacks force and impression, and is a poor example to young minds in the habits of industry.

### **Non-Observing Internes**

Work without thought is wasted. In going through a large hospital some months ago, I asked an interesting interne what was the matter with at least half dozen patients under his care? In each instance he did not know, although he had been on duty over ten days in the ward. What was wrong? He was either not thinking or had so many patients he was abashed and discouraged at the amount before him. This poor



fellow might just as well have been in the wilds of Africa, so far as that material was of any worth to him. Exactly the same thing is wrong in many of the big clinics of our country. Men are doing so much work that it is impossible for them to be in touch with the individual case.

This is first most forcibly shown by the great per cent. of errors in diagnosis, secondly by multiple and extravagant incisions in order to make a diagnosis and remove the unexpected pathological condition. This is a perfectly natural outcome of what one might expect from any surgeon who is doing, or thinks he is doing, too much operating to take time to wash his hands and examine the patient. The very low mortality of abdominal surgery has brought forth some of the most reprehensible and unscientific means of acquiring a knowledge in abdominal conditions.

### **The Exploratory Incision**

Exploratory incision may have a place as a means of obtaining knowledge in abdominal conditions, but it is abused beyond human sympathy and is causing an atrophy of reliable means of investigation.

A sharp, clean knife when not wielded by a surgical conscience, has crippled many thousands of patients and caused a withering away of recognized and humane means of acquiring a knowledge of disease, just as definitely as the unused muscle withers from lack of use. This is a most important subject. I have seen the most reprehensible conduct along this line. You cannot learn a more valuable lesson than that imparted by the teachings of Doctor Murphy, when you realize that this busy man is in personal contact with the clinical history of each patient.

### **Contact With the Patient**

No teacher can advance his ideas without being in contact with the particular case; all other operators are merely surgical carpenters and are known more from the great number of cases operated, than from any real progress they have given the profession. Experience is said to be a worthy teacher, but experience does not necessarily mean a great number of cases. I claim that refined and masterful surgical judgment comes from crystallized experience and not necessarily from quantity of material.

It is that relation between the mental picture the operator should have ere he enters the abdominal cavity and the revealed condition, which should be registered in the operator's brain and becomes crystallized experience and future judgment.



### **Wholesale Surgery**

Show me an operator who talks much about number of cases, and you have indicated a man who has given the profession nothing. Although I believe in the specialty, it has been a great satisfaction to know that any series of specialists cannot make a diagnosis. This has been my experience and will be the experience of any man who will follow the work of those operators who are depending upon others to think for them. I say that it has been a satisfaction because I should dislike to feel that the great majority of our profession who are not in touch with the specialist, could not practice medicine intelligently.

### **The Country Doctor**

Doctor Price told me he had crossed the Allegheny mountains one hundred and twenty times to operate for abdominal conditions which had been recognized by the country physicians with but a single error in diagnosis. Will many of our big clinics with the railroaded patients compare with this?

### **The Young Surgeon**

You must have more interest shown in the young men. I always feel that the operator who is commanding a big clinic which is surrounded by a number of bright, eager young physicians who are not permitted under the instructions of the surgeon in command to do a large per cent. of charity work, that this operator is a parasite upon the profession and has out-lived his day of usefulness. The young surgeon is the future profession and is not getting his dues.

### **Surgical Adventurers**

Many surgical adventurers are not satisfied with the ordinary exploratory incision into the abdominal cavity, but surgical audacity has been carried to further extravagance even more lacking in the habits of industry from the standpoint of careful history-taking and examination of the patient, namely, the special organs are now laid open for inside inspection. The womb, the mother of the world, is incised for diagnostic purposes.

This, the greatest surgical tragedy from the standpoint of diagnostic investigation, has no place in gynecology and, so far as I know, is not practiced by the gynecologist. It is an insult to the specialty and is an exhibition of diagnostic ignorance of the most dramatic type.

### **Hysterotomy**

During my twelve years' association with as conspicuous a gynecologist as the world has ever known, I have never seen a case in which hysterotomy was indicated for diagnostic purpose. Hysterotomy has its place in surgery but never from

the standpoint of diagnosis. You certainly would not want to open the uterus if it were pregnant; you certainly would not want to cut into its fundus if it were malignant, where hysterotomy is indicated, the incision being made as far from the malignant zone as possible. No surgeon with gynecological judgment would open the uterus for a retension of blood, pus or water.

I have never seen a sloughing tumor within the cavity of the uterus in which hysterotomy was indicated. Again, the surgeon who opens the uterus to remove submucous or intermural fibroids, will find in nearly every case that after he has removed all tumors in sight, he has left a greater number of small growths. Myomectomy, even in the hands of the gynecologist, is of limited use and questionable grace. Certainly the general surgeon is not attempting to ask the gynecologist to reverse his curettage, open the fundus of the uterus ignoring a patulous cervix, while the infected contents of the uterus is removed through the abdomen.

The advocate of hysterotomy for diagnostic purpose must wash his hands and make a few more bimanual examinations. He will then find the necessity for this inhuman means of covering up his short-comings from gynecological standpoint will become extinct.

It is really occasionally necessary to examine a patient in these days of venturesome laparotomy.

#### **Surgical Brain-storm**

Hysterotomy for diagnostic purpose is the wildest of all the surgical brain-storms to date. All exploratory incisions should be therapeutic in termination. By this I mean that the surgeon should have sufficient evidence of some pathological condition ere he enters the abdominal cavity, and the exploration made to definitely reveal the lesion. The operator who feels that an abdominal incision has no potential element of harm, is not studying his or other's results. Over forty-five per cent of the surgery in the Joseph Price Hospital consists of re-operations, and I have never opened but one abdomen but that I could demonstrate adhesions to the scar of the previous laparotomy. We must have a conscience and view exploratory incisions as the cart before the horse, which is an exhibition of lack of scientific knowledge. When we as surgeons relax into indifferent habits and practice methods which are along the lines of least resistance, it is not only that particular case which will meet abuse but all other lesions will suffer from a like negligence.

#### **Surgical Teaching**

The busy operator must systematize and organize his work

so that he is in personal relations with each patient. This is absolutely necessary for any operator to continue a strong man as surgical teacher.

If the teacher is not well informed from the standpoint of diagnosis, his advice from the standpoint of surgery or surgical pathology will soon lead the profession astray; therefore, we condemn all of those clinics which are not under control of the operator from the standpoint of clinical history and a personal relation of each case. To say that any operator is doing too much surgery to be in personal relation with each patient, is to admit that some of that surgery would be better done in the hands of another operator. It is from the excessive amount of surgery which is being done by the over-worked surgeon who is not thinking, just operating, that some of our most fallacious teaching has come.

When an operator says that he has had so many thousand operations and such is his opinion, that cannot be taken as final; he may have started wrongly and has been wrong ever since.

Is it any indication that I should leave the stump of an appendix when I know all America is wrong, when a more thorough procedure can be done with no mortality?

#### **Fashion and the Heretics**

It is not always good surgery to be fashionable in surgery.

The heretics in our profession are responsible for our progress; if their ideas had been in fashion they would not have been heretics.

If it is necessary to incise the stomach for diagnostic purpose, I have not as yet seen such indication. If the ulcer was not in evidence from examination of the stomach walls, I question whether that patient had sufficient symptoms to be in the hands of the surgeon.

If I had no interest in my profession from the standpoint of diagnosis, the mere mechanics of surgery would be of little interest to me and I would spend the remaining days of my life with my beloved mother on the farm.

The principles on which much of our operative work has been established has come not only from our own surgery but has been confirmed by the enormous per cent. of from forty-five to ninety per cent. of re-operations. Any reasonable profession must know that this state of affairs must come from principles of surgery which have been founded on unsurgical grounds.—Medical Council.



### SOCIETY CALENDAR

National Eclectic Medical Association meets in Cedar Point, Ohio, June 1916. T. D. Adlerman, M. D., New York, president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May 23, 24, 25, 1916. Chas. Clark, M. D., San Francisco, president; H. F. Scudder, M. D., Los Angeles, secretary.

Southern California Eclectic Medical Association meets in Long Beach, May 9, 1916. H. T. Cox, M. D., Los Angeles, vice-president; H. C. Smith, M. D., Los Angeles, secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. A. P. Baird, M. D., Los Angeles, Cal., president; H. Ford Scudder, M. D., 1621 W. Pico Street, Los Angeles, secretary.

### THE LOS ANGELES ECLECTIC MEDICAL SOCIETY

The regular monthly meeting of the Los Angeles Eclectic Medical Society was held April 4, 1916, at the office of the Secretary, Dr. H. Ford Scudder, 1621 West Pico Street. The President, Dr. A. P. Baird, being delayed, Dr. O. C. Welbourn was unanimously elected President pro tem. The minutes of the previous meeting were read and approved as read. Dr. H. T. Cox, Chairman of the Board of Censors, read the report of the Board, which recommended for active membership Doctors Oran Newton, J. C. Reinsmidt, John M. Cleaver and E. S. McClelland. Moved by Dr. Smith and seconded by Dr. Scudder that they be elected. Carried. Moved by Dr. Smith and seconded by Dr. Welbourn that the application of Dr. T. C. Young be held over until the next meeting for action. The application of Dr. Frederick W. West was referred to the Board of Censors. The President, Dr. Baird, having arrived, he then appointed the following committee, consisting of Doctors O. C. Welbourn, H. T. Cox, H. C. Smith, H. V. Brown and H. Ford Scudder to confer with a similar committee from the Los Angeles Homeopathic Society with a view of encouraging more friendly relations.

A very able paper, "Cannabis Indica," was then read by Dr. H. T. Cox, and freely discussed by the members present.

Moved, seconded and carried to meet with the Southern California Eclectic Society in May.

Adjournment.

A. P. BAIRD, President.

H. FORD SCUDDER, Secretary.



**IMPORTANT NOTICE**

The Southern California Eclectic Medical Society will meet the second Tuesday in May (May 9, 1916), at Long Beach, Cal. Please try and plan to be present and be at Dr. Oran Newton's office, in Bixby-Hartwell Bldg., at 10 a. m., sharp, so that we may go to the meeting place together. This will be a joint meeting, the Los Angeles Eclectic Medical Society meeting in session with us. We have a good program provided by some of our best men. Plan to take a day off from your daily round of work and go to Long Beach, refresh your body and mind and have a good time.

H. T. COX, M. D., Vice-President.

H. C. SMITH, M. D., Secretary.

**STATE SOCIETY**

The regular annual meeting of the State Society will be held in San Francisco, May 23, 24 and 25. Arrangements have been completed whereby all the sessions will be held in Parlor "A" of the Palace Hotel. As we held the meeting last year jointly with the National and had no program of our own, we are looking forward to a splendid program this year. The replies received thus far give promise of many excellent papers. Let every member do his or her part now by preparing a paper and also arranging business so as to be present and take part in the discussions. It is needless to add that we are all aware of the hospitality of the San Francisco bunch, and that a good time is promised every one. Send titles of papers to the Secretary, who will forward them to the proper section officers. The complete program will be mailed each member as early as possible in May.

H. FORD SCUDDER, M. D., Secretary.

1621 West Pico Street, Los Angeles.

**NEWS ITEMS**

Dr. Harvey W. Crook has opened an office at 323-36 Frist National Bank Building, Long Beach.

Dr. Jacob E. Shearer has changed his address to Cloverdale, Oregon.

Dr. H. V. Riewel, Oceanside, was at The Westlake Hospital a number of times last month to visit his operative patients.

We desire to call your attention to the announcement in this issue of the State meeting in May in San Francisco and also to the announcement of the combined meeting of the Los Angeles County Medical Society and the Southern California Eclectic Medical Association.

**BOOK REVIEW**

**Painless Childbirth:** Eutocia and Nitrous Oxid.—Oxygen Analgesia by Dr. Charles Henry Davis, Associate in Obstetrics and Gynecology, Rush Medical College, in affiliation with the University of Chicago, Assistant attending Obstetrician and Gynecologist to the Presbyterian Hospital. 134 pages. Bound in cloth. Price, \$1.00. Forbes & Co., 443 South Dearborn Street, Chicago.

This book by Dr. Davis of Rush Medical College is the first by an obstetrician to thoroughly discuss the various methods employed in an attempt to secure painless childbirth. The first part of the book traces the development of the attempts to relieve the suffering of labor. In the second part of this volume Eutocia is given as the goal for which the physician is strong. The author believes that in the cry for painless childbirth that the desire of mothers is for Eutocia—not Amnesia. The author pleads for safer and better obstetrics. In the third part Dr. Davis offers for consideration the methods of Nitrous Oxid—Oxygen Analgesia. He believes that Nitrous Oxid-Oxygen Analgesia is a logical method of relieving the suffering during childbirth and is a great aid in securing Eutocia.

**Your Baby.**—A guide for young mothers. By Dr. E. B. Lowry, author of "Herself," "The Home Nurse," etc. Chicago, Forbes & Company, 1915. Price, \$1.00.

This is a book which every young mother and prospective mother in the land should read; for it makes motherhood easy and will remove the fears and troubles of many women. Everything which a mother wants to know, and must know regarding the care of herself and her baby is clearly told in this helpful book. It shows how to avoid mistakes, what to do and what not to do.

Dr. Lowry not only pleads for better babies but plainly tells how to prepare for them; everything that is essential to the happiness and health of the mother and child is told. Nearly half the book is devoted to the mother's care of herself before the baby comes and this part alone is invaluable to any expectant mother. A very timely chapter considers the various methods offered for painless childbirth and much light is thrown on some fallacies and uncertain methods.

**Medical Practice.**—A treatise based on the principles and therapeutic applications of the physical modes and methods of treatment by Otto Juettner, A.M., Ph. D., M.D. 519 pages. Bound in cloth. Price, \$5.00. New York, A. L. Chatterton Co.

Dr. Juettner's previous publications have been well received and there is no doubt but this work will meet with an enthusiastic reception. This work is in the form of a **text-book of practice**, the treatment by means of **physicial methods**.

Hydro-therapy which was lauded and employed by Ambrose Pare is not today receiving the recognition which it deserves, considering that of all therapeutic methods, old and new, hydro-therapy comes first, because it is the most scientific and the most effective of any. Electro-therapy is comparatively new and deserves study and intelligent application. Physical therapy can be added to general practice or can be practiced as a specialty. Depending on the resourcefulness of the individual physician, a primitive and inexpensive outfit is fully as practical as a modern equipment representing a large investment and every finesse of technical perfection. The man behind the equipment, poor or pretentious as it may be, is after all the factor that will make or break the issue involved. Dr. Juettner's book makes it possible for the man behind the equipment to be efficient, and for this reason we take pleasure in recommending it to the profession.

There are chapters covering the use of the various Electrical currents, hydro-therapy, massage, use of light, Roentgen Rays, vibration, etc., or in other words the whole field of physical therapy is completely covered in Dr. Juettner's well-known readable style. The typographical work is unusually well done.

### FOR THE PROTECTION OF THE PATIENT

In this day of sophistication and substitution the earnest physician cannot be too careful in following up his prescriptions to see that his patients are given exactly what he wants them to have—and nothing else. Especially is this so in regard to remedies of exceptional quality, such as Gray's Glycerine Tonic Comp. Numerous imitations of this reliable tonic are constantly being foisted on the unsuspecting, and when as a consequence of the patient failing to get the original "Gray's," the expected results do not materialize, the doctor's skill and ability are apt to be questioned. For the protection of this patient and in justice to himself, the physician should invariably write for "Gray's" as follows:

R. Gray's Glycerine Comp.

(Purdue Frederick Co.) One bottle—16 oz.

By thus specifying an original package, the painstaking physician will safeguard his patients and insure his results.

### WHEN THE PHYSIOLOGIC PROCESSES OF THE BOWEL NEED STIMULATION

In this day of extremes, the practitioner must not let the success obtained in certain cases of bowel stagnation, by the use of "intestinal lubrication" blind him to the fact that paraffin oil is essentially restricted in its indications. To employ it indiscriminately in all cases of constipation means complete failure to get results in many instances—and the consequent discrediting of a remedy of undoubted value when properly used.

As a matter of fact, in a large proportion of cases of constipation there is atonicity of the muscular coat of the intestines, together with marked decrease of glandular activity. Measures to impart tone to the bowel musculature and increase the glandular secretions are therefore imperative and no remedy has been found more effective for these two main purposes than Prunoids. This has proven itself a true corrective of constipation of functional origin, its effect on the physiologic processes of the bowels not only assuring a prompt restoration of intestinal activity, but with gratifying freedom from all gripping or reactionary constipation. The most casual test will show Prunoids to be a true physiologic laxative that can be used with every confidence in the permanency of its benefits.



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♥ Original Contributions ♥

## THYRO-TOXIC GOITER

T. C. Young, M. D., Glendale, Cal.

Read before the Southern California Eclectic Medical Asso'n.

The evolution of our knowledge of the subject of goiter may be briefly stated to have begun with the recognition of four clinical facts, i. e., the presence of a tumor of the thyroid gland; the presence of a condition called myxœdema, which was found in association with changes in the gland; a condition known as cretinism, which was associated with thyroid changes; and a clinical complex in association with protrusion of the eyes and enlargement of the gland.

Clinicians, Surgeons, Chemists, Hygienists, Pathologists, Embryologists, and zoologists have endeavored, disconnectedly, to understand the conditions and their etiology.

Etiology:—While as yet we have no knowledge of a specific causative factor in the production of goiter, nevertheless a great deal has been learned during the past quarter of a century concerning the physiology and pathology of the gland. Among the several functions the thyroid has been shown to be a DEFENSE GLAND and it has much to do with physical and mental development. It is evident that increased activity of the gland is required during infection in different organs of the body. Several observers, among them McCarrison, believe this demand to be occasioned by intestinal toxemia, and that this may play an important part is undoubtedly true. The work of various goiter commissions and the report of those who have made a study of the etiology of goiter make it quite apparent that whatever the agent, it seems to be more readily conveyed by water than by any other medium, although water is probably not the sole carrier. The so-called goiterous

water, when boiled, is not infective. Evidence varies as regards intestinal toxemia, boiled water contaminated with the feces of an individual having recently developed goiter has produced goiter in goats, while the filtered residue of goiterous water from districts in which goiter prevails has also produced the same result in man and the goat. This does not necessarily prove a specific agent; it may indicate a demand on the system for increased resistance and general elimination of toxic materials. Repeated tonsilitis is another disease in which an infection may have a hyper activity of the thyroid; however, I think environmental influences have, in a great degree, considerable influences over the production of thyroid disease because of the well known goiter zones found in various parts of the world; and each zone has its similar condition of atmosphere and water supply. Fortunately California is not in the goiter zone, so most thyroid conditions are found on visiting our Eastern friends.

I wish to classify the Histological conditions of the thyroid, viz.:

1. Embryonic (undeveloped) thyroid,
2. Normal (resting) thyroid,
3. Vascular changes,
  - a Hyperemia,
  - b Hemorrhage (including resulting cyst formation),
4. Inflammation,
5. Progressive changes,
  - a Hypertrophy (functional, with hyperemia),
  - b Hyperplasia (exophthalmic goiter),
  - c Adenomatosis (multiplication of acini without encapsulation),
  - d Regeneration (of previous atrophic Parenchyma),
6. Retrogressive changes,
  - a Retention of secretion (colloid goiter),
  - b Atrophy (of parenchyma),
  - c Degeneration,
    - 1 Colloid,
    - 3 Hyaline,
    - 3 Amyloid,
    - 4 Calcareous,
    - 5 Cystic,
7. Tumors,
  - 1 Benign,
    - a Fetal adenoma (encapsulation),
    - b Adult adenoma (encapsulation),
  - 2 Malignant,

- 3 Mesothelial,
- b Carcinoma,
- c Sarcoma.

Now coming to the point of discussion of this particular goiter, Thyro-toxic, we have it to differentiate from exophthalmic and non-toxic goiter. This goiter is classed, as before stated in outline under (point 5D division) of Regeneration of previous atrophic parenchyma.

This particular goiter is the medium sized one of long standing, usually of ten to fifteen years, that has never given the patient any apparent trouble, simply noticeable, that is all. The patient will begin to show some very peculiar symptoms very characteristic of chronic alcoholism. I will relate the symptoms of a patient which I operated upon about three months ago. Patient, age thirty-five, gave history of having had slight goiter since puberty; no apparent trouble until about one year ago, when she seemed to have seizures of violent temper, severe indigestion, nervous gulping of gas, tremor, tachycardia, etc. This would soon disappear, then the patient would, for a time, apparently be all right. Then the symptoms would appear again and gradually become more severe. By the administration of iodine the condition became aggravated in every phase and by this means I arrived at the diagnosis of thyro-toxic goiter.

Case No. 2—Female, age fifty-five. History of medium sized goiter of the left lobe and isthmus of thyroid of fifteen years standing. The symptoms were much the same as in case No. 1, but very much aggravated, as the goiter was further advanced. The heart was in very serious condition; patient was unable to walk across the room without very severe palpitation of the heart.

Each of the above cases were operated as soon as the symptoms were controlled to the extent that operation was safe. Consequently I will explain the pathology of the goiters removed from these cases.

Pathology:—The gland presents a very complex picture, similar to the symptoms produced. Part of the gland is adenomatous large colloid cysts, of which a part of them had undergone calcareous infiltration, collestrial formation, colloid degeneration, and a number of hemorrhagic cysts were present; but the pathology that characterizes the goiter is the hyperplasia of cuboidal-collumnar epithelium found in the lumen of the acini of the adenomatus tissue, and as a lining of some of the walls of some cysts. These seem to be the cells that secrete the iodothyro-globulin.

Treatment:—These cases are very seldom surgical in the beginning. The best results that I have gained is by administration of varium (ovarian extract), an internal secretion which works antagonistic to the idiothyro-globulin. Of this I give gr. vii. T. I. D. For the nervousness and irritable stage I give (Lloyd's) lycopus, in from ten to twenty drop doses T. I. D. This seems to handle the nervous symptoms in very nice shape. Then with this treatment I use a very thorough application of X-ray, using a tungsten target tube; target eight inches distant, drawing seven ampers with three milliamperes resistance with six inch spark-back up; applied through three millimeters of aluminum and two layers of chamois skin; three minute exposure twice a week for about three months. The X-ray seems to exert a very great retarding influence on the cell regeneration in the acini and the cyst cavity, and also by stimulating the connective tissue of the capsule of the cysts, to isolate the secretion temporarily, and allow the patient to overcome the intoxication.. After sufficient recovery the goiter may be removed without ligation of any of the thyroid arteries in perfect safety.

The two cases from which the specimens were removed, No. 1 three months and No. 2 six months since operation, are pictures of health and doing fine, all of the symptoms having disappeared.

## THE CAUSES AND TREATMENT OF PELVIC PERITONITIS.

Dr. B. Roswell Hubbard, Los Angeles, Cal.

By the term **pelvic peritonitis** we are to understand that there is present an inflammation of the peritoneal lining of the pelvis and of the serous membrane covering the organs located in the pelvic cavity. For the sake of convenience of description the morbid state may be divided into three divisions, viz: the **idiopathic** or such cases as have their source of infection from within the peritoneal cavity, emanating from abscess formations and sepsis resulting from the entrance in to the pelvic cavity of some foreign material through the Fallopian tubes; **symptomatic** peritonitis resulting from an extension of the inflammation through the contact of tissue from a diseased mucous membrane to the connective tissue, and then on to the peritoneal membrane. Cases of this nature may be noted following a septic inflammation of the Fallopian tube or appendix; and **specific**



peritonitis or such as may occur from malignant disease of some one or more of the pelvic organs. That form of the disease following operative measures is generally due to bacterial infection and should come under the head of the first division.

The peritoneum, if in a healthy state, is quite transparent, the underlying tissue showing through it in most part except about the rectum and iliac vessels where the membrane is thicker and less transparent; it is exceedingly thin over the uterus and tubes. The membrane is exceedingly vascular and when it appears deeply injected, often presents a deep hue exuding a considerable amount of serum containing lymph which often changes into connective tissue forming what is described as adhesions which soon becomes endowed with endothelial cells and blood-vessels.

The gynecologist has to deal frequently with adhesions thus formed which often confine the pelvic organs into an inextricable mass of quite firm vascular tissue; during the time the adhesions are forming the patient exhibits but little fever but often complains of more or less tenderness according to the extent of the organs involved.

Besides, bacterial infection, as a causative factor produces pelvic inflammation, it may be, and is often caused by chemical irritants contained in the surgical dressing that come in contact with the peritoneum at the time of the operative procedure. Gonococci infection is the most virulent and produces a great amount of serum and lymph to such an extent, that, in some cases, if this fluid becomes purulent the pelvic cavity is flooded with it. The infection reaches the peritoneum through the uterus and Fallopian tubes, or perhaps the bladder and ureters.

Not infrequently the attack of peritonitis is secondary to a salpingitis that results from a closure of the fimbriated end of the affected tube by the active effusion of plastic lymph. In such cases the peritonitis is produced through the continuity of tissue and not through the medium of the lymphatics as is generally supposed. The tendency of gonorrheal peritonitis is to recur even in cases that seem to yield thoroughly to treatment.

Staphylococci infection produces a limited amount of serum and plastic lymph upon the peritoneum and the adhesions following this form of infection are usually very extensive and firm. The germs finding entrance to the pelvic cavity through the tubes and lymphatics; if by the former the peritonitis is usually limited to the area about the fimbriated extremity, but is more extensive if the infection

comes through the lymphatics, the degree depending upon the number of lymphatics involved. The morbid state may be provoked by abrading the mucous membrane of the uterus by the passage of a rusty or unclean sound, but the area will not be as extensive as is noted in cases where the infection occurs at the site of a recently detached placenta. The suppurative type of peritonitis often follows the infection through the lymphatics in the puerperal state not infrequently resulting in an abscess formation in the ligament.

While peritoneal inflammation will follow infection by the colon bacillus, it does not produce primary tubal or ovarian diseases. The germ does however excite active lymph-effusion that often results in adhesions of the affected point to any tissue touching it.

The toxemia produced by the gonococcus and staphylococcus is mild to that excited by streptococci. The latter germ at once excites a septicemic state as soon as it finds entrance into the pelvic cavity, which it does either through the tubes or lymphatics; if by the former it excites tubal inflammation first and peritonitis secondary, and if by the later route primary peritonitis is the immediate result. The virulence of this germ is so pronounced that an abundance of serum and lymph is effused by the peritoneum which soon becomes liberally charged with pus eventuating in diffuse pelvic suppuration. This is recognized as the gravest form of pelvic disease which is generally ushered in with a chill followed by hectic flashes of fever. This condition increases rapidly in severity often sapping the vitality of the patient to the point of utter prostration, and not infrequently terminating in death within a week following the initiative chill.

In such cases where the septic conditions are not rapidly fatal the infection is sufficiently active to cause death to the cells appearing upon the surface of the peritoneum. As a common result of the inflammatory action the peritoneum becomes studded with minute granulations which is soon covered, in part, with lymph containing more or less pus, the latter fluid prohibiting the adherence of adjacent organs.

Not infrequently the destructive forces are so active that the lower pelvis soon fills with purulent fluid which often emits a putrid odor, very offensive in some cases, and so destructive that the peritoneum becomes denuded of its endothelium and breaks down easily under pressure. The tendency of such cases is toward a fatal termination through the effect the toxins has upon the heart and kidneys or the production of pneumonia. Take a case of pelvic peritoneal

infection exhibiting an unusual amount of resisting power, the great amount of lymph that is exuded upon the peritoneal membrane remains in most part free from purulency and remains sufficiently vitalized to eventually bind firmly together the pelvic organs that press against each other.

From the time the germ of infection enters the pelvic viscera to the production of the inflammatory action created by its presence upon the peritoneal membrane, is recognized as the period of incubation and this is prolonged according to the vitality of the infecting germ and the resisting force inherent in the individual. As a general rule evidence of peritonitis becomes manifest within five days after the germ of infection enters the pelvic circulation.

A rise of temperature is an early symptom in the morbid condition, and the degree will be determined by the character of the germ producing it. If it results from gonorrheal infection it rarely exceeds  $102.5^{\circ}$  and staphylococci infection seldom produces a higher degree. There is more of a variation in the temperature resulting from streptococcus poisoning, it ranging between  $103^{\circ}$ , a point reached at the end of the first twenty-four hours and  $105^{\circ}$  often noted the second and third day. There are intervals that the temperature drops to  $100^{\circ}$  to  $101^{\circ}$  during the day depending upon the functional activity of the kidneys and bowels, not an unfavorable condition, but should the temperature remain above  $103^{\circ}$  for two or three days, grave results may be looked for. In cases where an abundance of serum is produced early, following the infection, only a slight rise of temperature is observed; it seldom exceeding one degree; but where the fever runs high the effusion of lymph in abundance is quite probable.

The presence of serum is not easily determined by examination whether much or little, only the opening of the peritoneal cavity will reveal its presence.

Plastic lymph when first effused on the surface of the peritoneum is nearly colorless, and within two or three days it becomes, in a measure, organized through the projection into its substance, from the organic structure, delicate nutrient vessels adhering such organs as lay in touch one with the other. Not infrequently the adhesions are so pronounced that the pelvic organs are bound together in one inseparable mass; in such cases the uterus is found, on examination, to be indurated, immovable and usually sensitive to the touch.

Cases are on record where the ureters and sections of the small intestines have become involved in the adhesions, crippling their function to a marked degree, the morbid



condition remaining or gradually growing worse as the plastic lymph becomes more thoroughly organized.

The rectum is often encroached upon by an abundance of organized plastic lymph resulting in a strictured state of the gut, unless the rectal pouch is distended with fecal matter remaining so while the accumulated mass of lymph becomes organized, fixing the canal to adjacent organs presenting sufficient contracting power to empty itself, the many movements of the body occasions a pulling of the adhesion bands, giving rise to sharp stitching pains that are extremely nagging in character; and besides there is always danger of intestinal strangulation by loops of the gut becoming entangled in the pockets formed by the adhesion bands.

The presence of large accumulations of lymph on the floor of the pelvis may be outlined with the finger through the vaginal vault, but the sense of feeling imparted to the finger is quite different from that noted when the pelvic cavity is partially filled with pus; the latter fluid will impart a fluctuating sensation to the finger while the former imparts the feeling of fluid but not that of fluctuation.

If the uterus be retroverted and adhered to the rectum, it cannot be replaced except by elevating it through the rectal pouch, and even then it cannot be retained by any known method. At any time the lymph takes on a purulent condition its presence is generally made manifest by collecting behind the uterus causing a bulging in the posterior vaginal fornix.

The collection of serum usually produces more or less sensitiveness throughout the pelvis, and this feature becomes more marked where large quantities of lymph are effused, but little pain and tenderness is complained of in purulent collections; this is a marked diagnostic symptom that should be made note of in determining the true morbid state.

Tympanites, in a marked degree, is an indication of an extensive effusion of lymph and purulent matter, serious effusion does not, as a general thing, provoke such distension, the seriousness of this condition is largely dependent upon the nature of the infection, the condition of the bowels, and if treatment has been applied the nature of the medication resorted to; if opiates have been freely used to control pain or the bowels are locked, distension of the abdomen with gas is almost sure to follow.

Acute pain is produced by pressure over the uterus, tubes and ovaries; these organs are congested and tender, a condition due to primary inflammation. The pulse rate is



always increased in frequency, ranging between 100 and 130 beats a minute; where there is uniformity between the pulse and temperature the chances for recovery are much better than where the temperature is increased two to three degrees and the pulse runs 130 and above per minute. This condition is due to the presence of infection germs in overwhelming numbers, producing great physical shock or toxemia, a pronounced morbid state demanding operative measures to free the pelvic cavity of the pent-up poisonous fluids.

As serious as this morbid condition is, accompanied with fever and marked nervous disturbance, it is seldom ushered in with pronounced chills; this is due, perhaps, to the fact that the peritoneal disturbance is limited to the pelvic region instead of being general in character; however, the kind of infection will determine the presence of rigors. They are more frequently noted in general septicemic conditions than in other kinds of infection.

Nausea and vomiting are common symptoms in the acute forms of pelvic peritonitis due to dyspeptic conditions as a general thing; if this feature of the disease proves persistent it indicates that the inflammation is extending to the abdominal peritoneum and is likely to prove serious. As a result of the intestinal tenderness and pain in connection with the lessened peristaltic action of the bowels caused by adhesions, the bowels are generally bound up, the exception being marked cases of purulent peritonitis; here we often observe obstinate cases of diarrhœa. In such cases nephritis is commonly met with, and affections of the heart and lungs, in the form of endocarditis and pneumonia, are often met with as complications.

The treatment of this serious affection is by both medical and surgical measures, and to give any promise of relief these in one form or the other should be applied early in the progress of the disease, before absorption or adhesions take place that will cripple, and in some instances, destroy the function of the pelvic viscera.

If seen early in the attack the patient should be required to rest in bed and such medical means made use of as the presenting symptoms will call for. The necessary procedure in every case is the control of fever and the cause of the local inflammation, and if this can be accomplished then follows the administration of peptics, tonics and stimulents to support the strength of the patient.

Aconite or veratrum in a mixture with the indicated remedy to relieve local tenderness and pain, which may be dioscorea, macrotys, gelsemium, bryonia, echinacea or bella-

donna, will find a place early in the disease, and will often arrest the progress of the morbid condition.

Other medicinal agents may be indicated as the disease progresses, and if the surgeon be guided by the symptoms presenting in the individual case and prescribe the indicated remedies, much relief will be noted. The moist, pallid, dirty tongue calls for sulphite of soda; the deep red tongue, dry, with collection of sordes on the teeth, muriatic acid in solution with glycerine and water; sulphurous acid will bring relief to the patient showing a red tongue covered with a slimy brown coating indicating a septic condition of body.

A ten per cent solution of chlorate of potash in peppermint water will be effectual in clearing up a foul condition of body in advanced cases where the breath is tainted with a sweetish foul odor, especially if accompanied with offensive discharges.

Nausea and vomiting may be controlled by frequent sips of cold ginger ale, a drop of clove or cinnamon oil on a little sugar occasionally, one half to a small teaspoonful of the compound tincture of lavender and teaspoonful doses of granular citrate of magnesia in a little water drank while effervescing; however, if the bowels are kept open with effervescent citrate of magnesia or other saline agents, nausea is not likely to be a troublesome symptom.

Pain, in the early progress of the disease, can generally be relieved with hot fomentations of hops and stramonium leaves, or hot packs wet in a solution of sulphate of magnesia in water, four ounces of the former to three quarts of the latter, care being taken to not expose the abdomen too long while changing the packs. In severe cases of pain an occasional dose of heroin, one-sixth grain given hypodermically, will be demanded, but opiates should be sparingly given as they lock the bowels, thereby causing an accumulation of gas in the intestines, increasing the pain by pressure. If given by mouth the diaphoretic powder should be given in preference to any other preparation.

Turpentine stupes have been applied to the abdomen with great relief, in cases where there is gas distention, and ice-bags when the inflammatory action runs high: it acts both as a sedative and anodyne, relieving the severity of the attack; it should be applied over flannel.

Cathartics should not be administered to keep the bowels open, but an occasional enema of turpentine one drachm, glycerine one ounce, and quite warm water one pint will

usually prove effectual to not only move the bowels but it will aid in expelling accumulated gas at the same time.

In the more pronounced cases where a large quantity of serum is effused it may be absorbed while the patient's strength is maintained with stimulants and tonics. Lymph will not be absorbed, and if found in any quantity in the pelvic cavity it should be evacuated through an opening made in the cul-de-sac followed with a flushing of the cavity with normal salt solution, and if adhesions between the viscera are found to exist, they should be broken up through an exploratory vaginal section. A purulent collection is evacuated in a similar manner as adapted in the effusion of lymph, and following the evacuation of pus the pelvic cavity should be fairly well packed with iodoform gauze, the presence of which will establish efficient drainage, and besides the antiseptic effect of the gauze through the iodine it imparts will be of sufficient strength to retard, if not destroy, the streptococci present in the pelvis.

The use of antistreptococcus serum has, no doubt, saved many lives when used secondary to the evacuation of the pent-up purulent fluid. Heart stimulants are indicated in marked cases of purulent peritonitis in the form of nit. of strychnia in one-sixtieth grain doses administered hypodermically; one grain of caffeine every three hours, and an occasional sip of iced champagne or brandy in cases of collapse. Enemas of six to eight ounces of quite warm normal salt solution repeated every three to four hours will prove effectual to stimulate vitality in cases of extreme weakness, if the patient can retain the fluid, otherwise, the method of intermittent proctoclysis should be resorted to for three or four days or longer if demanded; by this method the saline solution is instilled in the rectum drop by drop being slowly absorbed, giving little if any discomfort to the patient during the time. This method of administering salt solution is especially beneficial in cases where nausea and vomiting is a feature accompanied with a dry tongue and a harsh, dry skin. The bowels should be flushed once every day or two with a quart or more of quite warm salt solution; two teaspoonfuls of salt to the quart of water.

The patient should be allowed plenty of cold water acidulated with lemon juice, if nauseated, and a liquid diet composed of the juices of meat, and rich broths in suitable quantities alternated every three to four hours. Later along



in the progress of the disease, an occasional glass of egg coffee will be strength giving and much relished by the patient; it is made as follows: beat one egg to a fluid, pour a half teacupful of boiling coffee and milk together, and at once on the egg, stirring briskly at the same time. The mixture is both nourishing and stimulating and will find a place as a diet in all cases as soon as the stomach will retain it.

### DAMAGES.

Henry M. Owens, San Francisco.

The question of damages for personal injury is sometimes very difficult of solution, where one is injured by the fault or omission of another and in consequence thereof becomes diseased or in delicate health. In such cases, however, the disease is considered the proximate although not the natural consequence of the injury, and the party may be allowed to recover compensation therefor. 79 A. a. 315; 10 Am. St. Rep. 533.

Where one already diseased has suffered from a personal injury, the mere fact of personal condition will not deny him all the damages suffered from the accident.. The rule remains the same whether the injury supervenes and proximately results in the defendant's wrong, or whether the disease existed at the time of the injury and was aggravated by it. 137 Cal. 565; 2 Iowa 274; 48 Minn. 134; 70 Pac. 743.

**Future Consequences:** As a general rule compensation will be awarded only for what a party has actually suffered by reason of his injuries up to the date of the trial, and future consequences are not to be considered when no proof of such consequences has been introduced in evidence. While future consequences which are reasonable to be expected to follow an injury may be given in evidence for the purpose of enhancing the damages to be awarded, yet it is not enough that the injuries received may develop into more serious conditions than those which are visible at the time of the injury, nor even that they are likely to so develop 107 N. Y. 625; 75 Am. Dec. 258; 96 N. Y. 305.

**Physical Pain** has always been considered an element of damages for which compensation should be allowed. 46 Cal. 409. Mental suffering and physical pain as elements of damage cannot be disassociated, and the law furnishes no standard by which to measure and compensate either in money. 157 ILL. 401. The amount recoverable depends upon the nature and extent of the injury as shown by the



evidence, and must necessarily be left somewhat to the discretion of the jury under proper instructions from the Court. 52 Fed. 390.

**Mental Anguish.** Mental suffering accompanying personal injury or physical pain is always the subject of compensation. 6 Colo. 275.

While it is difficult to differentiate mental suffering from physical pain. The broad principle that the injury must be physical, as distinguished from one merely imaginative; it must be something that produces real discomfort or annoyance through the medium of the senses, not from delicacy of taste or refined fancy. 133 Ill. 148; 24 N. E. 527. A parent may recover for mental anguish for the loss of the possession of his children, however small the value of their services may have been. So a person may recover for the mental anguish experienced in the removal or mutilation of a dead body or any infringement of his rights connected therewith. 14 Fed. 396; 111 Ala. 335; 63 Am. St. Rep. 343.

As a general rule injuries from fright accompanying a physical injury furnishes a basis for the recovery of damages. 79 Ala. 325. In order to warrant a recovery for such causes, it must be connected with or flow from some personal injury. To warrant a recovery the physical injury must be either contemporaneous with the occasioned fright, or the fright and mental anguish occasioning the injury must have been inflicted in a spirit of wanton disregard or negligence. 60 A. St. Rep. 393.

In considering the question whether a party can recover compensation in damages for mental suffering and distress of mind caused by a disfigurement of his person the courts have not entirely agreed. The plaintiff is entitled to compensation for mental anguish connected with the disfigurement itself, but the mental anguish that results from the contemplation of a maimed body and the humiliation of going through life in a crippled condition is considered a sentimental state of mind too remote from the original injury to constitute an element of damages. 80 Ill. App. 71; 14 Oregon 494; 42 Fed. 484; 17 A. Rep. 504. In case of humiliation or insult, the right of recovery for mental anguish depends somewhat upon the circumstances under which the damages are claimed; but a recovery on such ground will usually be allowed, unless the claim is too remotely connected with the injury complained of. 80 Am. St. 1.

While it is the duty of an injured party to summon medical aid and attention, yet the fact that such course was not adopted will not defeat a recovery where there are no

circumstances to indicate their absolute necessity. 45 Ill. App. 351; 49 Hunn N. Y. 605.

Where a party has used reasonable care in selecting a physician, but owing to unskillful treatment the injury has become worse, the party causing the injury will be held liable in damages for the latter. 50 Am. Rep. 601; Am. Rep. 68; 105 Tenn. 29.

In case of paralysis or injury to the nervous system, a verdict will rarely be considered excessive. So, in injuries to the spine that have resulted from personal injury, the court is little inclined to interfere with a verdict on the ground that it is excessive. 78 Tex. 314.

Where as a result of a personal injury the plaintiff has become subject to epileptic fits and his general health ruined, a verdict will not be set aside as excessive. 95 Cal. 279; 129 Mo. 392.

Where there has been a total loss of sight or hearing the courts have considered verdicts as compensation rather than as excessive damages, and in no case will they be set aside unless they are grossly inadequate or savor of malice. 122 Cal. 504; 57 Minn. 227.

Where by reason of a personal injury the earning capacity of the plaintiff has been impaired the courts will rarely set aside a verdict that shows any proportion to the earning capacity as shown by the evidence. Especially is this the case where the injury complained of has resulted in a life long incapacity to labor. 97 Ala. 141; 125 Cal. 174.

In estimating damages in cases of injury the person, the jury may take into consideration the physical pain and the mental suffering undergone by plaintiff as a result of the injury inflicted; and although physical pain and mental anguish cannot be measured by money and no established rule has been laid down for such measure, yet when properly shown in evidence they have always been considered an element of damage. 22 So. 169. While mental suffering as distinguished from bodily pain is usually an element of damages in an action for personal injury, some of the courts have declared that in order to warrant a recovery therefor a personal injury, however slight, must have existed and such mental anguish must be the direct and proximate result of the physical injuries sustained. Mere anxiety of mind unconnected with bodily injury, cannot as a general rule, be included in the assessment of damages, unless the injury complained of is accompanied by circumstances of malice or

wanton disregard of the rights of others. 33 S. W. 703; 85 Ga. 297; 14 Fed. 396; 45 S. W. 188.

In an action for personal injuries, compensation is not limited to actual pain and suffering before trial, but extends to such future suffering as must necessarily result from the injury inflicted. 48 Ala. 566. What compensation may be fairly said to be adequate, on the evidence in any particular case, is a question of very great difficulty, but only such future damages can be recovered as the evidence makes reasonable certain will necessarily result from the injury sustained. 62 Ill. App. 480; 158 N. Y. 254; 45 Iowa 516.

In estimating the damages the jury may take into consideration the effect upon the health of the party injured and may consider not only the present but also the future effect upon the health of the injured person. 44 Fed. 476; 9 Kansas 620.

**The Opinion of a Physician** who has been called to give professional attention to an injured party as to the gravity or extent and probable result of the injury is admissible, whether it be formed from his examination and diagnosis alone, or based also upon statements made to him by the patient for the purpose of securing the proper treatment; nor is it necessary that the testimony of the physician be confined to the result of the examination. 18 Nebr. 551. So, where there is evidence of the permanency of the injury, the fact that the physician was called in a considerable period after the infliction thereof does not render his testimony incompetent; 66 Mich. 390; 6 N. Y. ST. 49.

**Deadly Weapon:** Any weapon likely to produce death; any weapon or instrument by which death may be produced; a weapon dangerous to life, which in the manner used is capable of producing death or of inflicting great bodily injury, or seriously wounding; which is capable of causing death; with which death may be produced; such a weapon or instrument as is made and designated for offensive or defensive purposes, or for the destruction of life, or the infliction of injury. 23 N. C. 76; 88 Me. 195;; 164 U. S. 388; 4 Tex. App. 327.

**Death:** It is within the discretion of the court to allow a medical expert to testify as to whether in his opinion deceased had a period of conscious suffering before death. 159 Mass. 311.

Under statutes limiting damages for death by wrongful act to the pecuniary loss sustained by the beneficiaries, the rule is well recognized that evidence is admissible as to the



previous health and physical condition of the deceased. 73 Conn. 614.

**Physical Suffering of Deceased:** Under some statutes the right of action is given for the injury to and death of decedent, and it has been held under such statutes that recovery can be had for the physical pain and suffering of decedent. However, under the statutes giving a right of action for wrongful death for the benefit of the widow and next of kin or other designated beneficiaries, the measure of damages is the pecuniary loss of such beneficiaries, and the suffering and injury of the deceased cannot be considered. 41 Fla. 1; 109 Tenn. 572; 92 Ala. 231; 88 N. Y. 641.

The jury is not authorized to take into consideration the mental suffering of the beneficiaries designated by the statute, and award solatium for the bereavement and grief occasioned by the death, but must give compensation for pecuniary loss only;; such injuries to the sentiment or affections which have been frequently denominated sentimental damages not being susceptible for pecuniary measurement. 110 Fed. 670; 94 Am. Dec. 548; 17 Wash. 582.

Under statutes giving a right of action for death by wrongful act for the benefit of the widow and next of kin, the general rule seems to be that medical and funeral expenses of the deceased cannot be recovered as items of damages; at least, where the amount due for such services or the value thereof is not shown. In other jurisdictions, however, it has been held that recovery can be had for funeral expenses and other expenses incurred by reason of the injury between the time of the injury and the death. 60 N. J. L. 444; 33 Md. 542; ; 34 Am. Rep. 44.

**Delirium Tremens:** A violent delirium induced by the excessive and prolonged use of intoxicating liquors; a disorder of the brain arising from inordinate and protracted use of ardent spirits, and therefore almost peculiar to drunkards; one of the forms of insanity consequent on excessive drinking; a temporary insanity or madness, accompanied with a tremulous condition of the body and limbs, generally caused by habitual drunkenness. 123 Ind. 384;; 37 Am St. Rep. 811.

## SANITARY CONDITION OF BOTTLED WATERS

### U. S. Department of Agriculture

The Bureau of Chemistry for several years has been investigating the sanitary conditions in the production and distribution of bottled mineral and table waters, which are offered for sale in interstate commerce and therefore subject



to the Food and Drugs Act. It is recognized that the sale of bottled waters is dependent largely upon the belief by the public in the purity of the product. The Bureau has recently conferred with a large number of sanitary experts and bacteriologists regarding a desirable standard for judging the sanitary character of bottled waters. As a result of the investigational work and the above-mentioned conferences the Bureau believes that the tolerances established by the Public Health Service of the Treasury Department for waters served on interstate carriers is none too rigid for application to bottled waters sold in interstate commerce or imported from foreign countries. The Treasury Department standards are as follows:

1. The total number of bacteria developing on standard agar plates, incubated 24 hours at 37° C., shall not exceed 100 per cubic centimeter; provided, that the estimate shall be made from not less than two plates, showing such numbers and distribution of colonies as to indicate that the estimate is reliable and accurate.

2. Not more than one out of five 10 cc. portions of any sample examined shall show (by the method of the Public Health Service) the presence of organisms of the bacillus coli group.

### **STATE TO DESTROY BIRD PEST.**

#### **California Fish and Game Commission.**

The Fish and Game Commission, to which is delegated the function of protecting and preserving the wild life of the State, has declared war on the English Sparrow. Throughout the United States this bird has proved to be a pest and many eastern cities have waged war against it for many years past. Here in California, as elsewhere, the English Sparrow is not only filthy in its habits and destructive to crops, but in addition drives out the native insectivorous and song birds which are beneficial to man's interests. The campaign to be instituted by the Commission will probably constitute the first united effort toward this end to be made by any state in the union. A leaflet giving the methods of identifying English Sparrows and means of destroying them will soon be issued. In addition to a statewide campaign of publicity will be undertaken to encourage a united effort to rid California of this bird pest. A week will be set aside during which everyone will be asked to co-operate in the destruction of sparrows and all of the deputies of the Fish and Game Commission will be set to work killing sparrows and directing others in the work.

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## NEW REMEDIES.

It has been said that "the mills of the Gods grind slowly," though if the observation be applied to new remedies it should be added, but the grist is exceedingly great. It does appear that nearly every day witnesses the birth of a new remedy, and many of these are vigorously "pushed to the profession." Some of them are old acquaintances, friends perhaps, working under a different suit of clothes and an alias, and we greet them as we would a face which seems familiar, but we cannot place, exactly.

On the other hand some of these new remedies are original as well as new, and we gaze open-mouthed upon a real discoverer. Should such a man be ambitious and rhetorical he may develop quite a following and lo, a new medical philosophy is upon us.

One such recently has come to our notice and it is called "Autotherapy," or better still the "Duncan theory." Our Homeopathic colleagues will pardon us for observing that this new doctrine smacks strongly of *similia similibus curantur*, but let the reader judge. We regret that lack of space prevents our publishing the article in full, but the following extracts are representative as well as verbatim:

"The most frequent cause of death following delivery or abortion, is infection. As soon as the temperature rises, and the abdomen becomes tender, face red, discharge foul-smelling, etc., place one cc. of the discharge from the vagina in an ounce bottle of water, shake well, and give in divided doses, one hour apart for three hours. Give no more at present. The temperature will usually drop in from twenty-four to thirty-six hours following this treatment. The extreme vascularity of the parts involved accounts in a measure for the response being so especially prompt and effective. The more virulent the infecting micro-organisms, both causative and complicating, the quicker will be the response and cure.

"This treatment is a God-send to the country practitioner, relieving the whole condition quicker and better than anything that has ever come before the profession. An empty uterus, and autotherapy will reduce the loss of life of patients suffering with puerperal infection, or infection following abortions, to a minimum. The results are absolutely dependable, and have been verified by many physicians. Some antiseptics destroy the therapeutic value of the exudate."

### **HISTORICAL STATEMENT OF THE INSTITUTION OF THE COLD FRESH AIR TREATMENT OF PNEUMONIA**

**By W. P. Northrup, M. D.**

**Physician to the Presbyterian Hospital, New York.**

It is difficult to say at what date the treatment of pneumonia in the open air was "instituted"—about 1900 perhaps. In 1904 the report shows that the Presbyterian Hospital had recognized the value of open air and had begun an open-air ward for the systematic treatment of pneumonia and fever patients out-of-doors. A few ultra-enthusiasts, no doubt, long ago treated fever patients and possibly pneumonia in the open air, and even before the tuberculosis treatment was established. It remained for some one to place the open-air treatment of pneumonia on a safe basis. In short, it required the backing of a hospital responsibility to insure its adoption.

Sixteen years ago the pneumonia jacket was losing favor, the poultice was used sparingly; drugs were having it all their own way. Pneumonia was treated, not the patient. Little was said about the feeding of the case and nothing

about the air it breathed. The heart was the main organ to be watched lest it fail. A failing heart called for more alcohol and strychnine, and digitalis was king. In this connection it is interesting to note that in later years there has been animated discussion as to whether most of the digitalis of the stores was inert, and whether there is little or no value in strychnine. The treatment of pneumonia was academic—one treated the pneumonia.

Not pleased with the padded rooms and oiled silk jackets, restless, muttering patients swathed and sweating in a "mousing" atmosphere, I gradually backed from the treatment and drew the patient nearer to the open window and the open air. It was not a sudden inspiration, but a slowly growing conviction that the best care of the patient, the best stimulus to the heart required cold, drifting fresh air and lots of it. When I published my first case a doctor in the audience came forward and said: "You treated my child that way eleven years ago." I had forgotten the date; time goes quickly.

It is probably the experience of all that one's nearest associates are the hardest to convince. It was the young hospital staff that first came in intimate touch with the cases and were the first converted. The following case gave perhaps the first start to the rolling ball: In making the rounds, beginning on the right-hand side as usual, I heard a groaning from behind a screen on the extreme left, corner bed. On inquiry I learned that a severe case of pneumonia had come in during the night and was so desperately bad that he had been accorded the privilege of a corner bed and the kindly screen, in order that the poor fellow might have all the privileges possible in a public ward, while he passed away to join his fathers. We cut across to the bed that would be last in our rounds to investigate the case. Here was the traditional treatment of pneumonia, in full activity; every attention had been given the patient, and all kinds of hypodermics were lying unabsorbed beneath his epidermal covering. The air about him was that of a large, well-ventilated ward. He was blue, puffing eighty to the minute, groaning, apparently comatose—hopeless. A complete description of his general appearance would make a classic dying scene.

In twenty minutes a convalescent patient in a small outside room had exchanged places with this man. The huge window was pushed far up, the bed's head was dragged as near as possible to it, and cold fresh air was dropping on the face of our dusky man, late of the corner bed. What



was the result? The patient still breathed eighty to the minute, but his face became less dusky, his eyes opened, his nose involuntarily reached up to the incoming air, and an expression came into his face not before seen. Doctors were amazed—nurses horrified. When anything was to be done the nurses involuntarily started to close the windows. Then the unusual happened. The patient waved them away. He was too busy gasping to waste breath on words, but eagerly motioned the window up and them away from the space. The most difficult thing to do was to keep the nurses from closing the window. Almost unconsciously on the least exposure the window was closed. At last the idea entered their minds that cool fresh air was all-important.

On my next visit to the hospital I heard rumors of a patient being killed by cold air, in ward seven. The place was full of rumor. The next day the story was changed, and it said a patient was being cured by cold air. The actual result was that the patient began to improve at once and ultimately fully recovered. The temperature was very high, the respiration eighty per minute, etc. This case impressed the young men, and they made a note that cold fresh air does not always kill pneumonia patients. By such striking cases the practice hitched along until it became the routine treatment. The greatest final impetus was given to the adoption of the practice by the results of the following striking case. The accounts from the **Medical Record** illustrates the prejudices to be overcome and the need for cautious proceeding. I may further add that all went easy thereafter.

The history of the case was as follows: Female, fourteen months. It had had rickets and scurvy, could not make the first effort at walking. Its legs hung down like empty stockings. It had a well-marked rickety rosary and prominent abdomen. Its general appearance, however, was that of a "pot-bellied," feeble, perspiring child, with much curly hair; in coloring, in the fairness of skin, with delicate touches of rose in the lips and occasionally in the cheeks, in darkness of eyes and hair, it was a beautiful child. Even one less near to it than fond young parents, doting grandparents, and loving aunts, of which it had a full quota, could not help feeling a strong attraction.

The diagnosis was bronchopneumonia. Pulse, 180-140; respiration, 60-40; temperature, 105°, delirium. One would not call this a mild case.

I told the parents that the one thing which would help the anemic little one to bear her poison, eliminate it, redden

her blood, and sustain her heart, was cool, flowing fresh air, day and night. I said the child had a sore lung, a limping respiration, diminished breathing room, that to air its blood it had to pant, and panting was hard for the heart. To be kind to the patient, we must give her oxygen-full air, not second-hand breaths. She must not be made to breathe five times where three would do.

"The child," I said, "could not catch cold from air touching her face. The dry skin of a fever patient was not susceptible to cold. A fever patient in bed was quite safe. Cool, fresh air reddens the blood, stimulates the heart, quiets restlessness, favors sleep, improves secretions and digestion; in short, meets most of the indications for treatment of pneumonia in infants."

The largest room practicable in the house was selected, the crib was placed near the middle wall opposite the two windows and two doors; one window and one or two doors were constantly open. The month was December, and the weather was exceptionally cold. The windows were open night and day, and one night the thermometer in the room reached 28° F. In compassion for the nurses the friends of the family produced two automobile fur coats, which they wore night and day.

The little patient was fired to an internal heat of 105°. Her pretty little face was bathed by cool, flowing air, and she slept. If, by reason of necessary exposure, the windows and doors were closed temporarily, she showed restlessness, which disappeared when the windows were again opened.

There were two tendencies of the case—one to become flatulent and distended, the other to have cold feet. Each time either condition prevailed the face became dusky, restlessness was marked, and at times there was delirium. For these two conditions the sovereign remedies were the foot-bath and high hot saline injections. For heart stimulant, a hot foot-bath; for flatulence, a hot, high saline injection; for restlessness, either or both of these. These two afforded relief, followed by three hours of sleep. In giving the foot-baths, the child was elevated on a firm pillow, and the feet were let down into a basin under the bed covers; hot water was added a little at a time, with constant friction of the feet. The action of these two derivatives, hot foot-baths and hot, high salines, was enough to remove all untoward symptoms.

The case ran a course of twelve days, recovery taking place by crisis. The best is yet to be mentioned. The digestion in this case had given great trouble. At the

onset of the pneumonia there was diarrhea with green mucous stools. The toxins of pneumonia disturbed the digestion still further, and the tendency to flatulent distention was marked. It was a constant problem to find anything which could be digested. But as soon as the crisis had passed and the fever was gone, the child simply opened her eyes, smiled, and began to digest her food as though nothing had happened. She was a trifle pale and rather weak, but a less damaged baby I have never seen. Here is a striking illustration of the peculiar feature that the disturbance of intestinal digestion ceases with the ending of high fever.

The nurses said that they endured their vigils much better, were fresher and wider awake from having constant good air. They declared that my prognosis was fully justified, and believed that the patient passed through with less exhaustion than any other they had ever known.

This point I wish to reiterate: This feeble child passed through her serious infectious disease with less injury to her general nervous system than any other I have known.

If anyone thinks the institution of such a radical change in the treatment of this terrible disease, such overturning of tradition, was not revolutionary, I submit the following as an example of what frequently occurred in daily experience:

Casual meeting and conversation. Scene in street-car; strap-hanging. Enter car friend of family: eager expression. "How's that child?" This doctor friend of the family I had not seen in six months, but somehow I seemed to know whom he meant by "that child." "How's that child: has it really pneumonia? I won't believe what I hear until you tell me yourself that it is pneumonia. Are you treating it in a cold room with all the windows open in the month of December?" I plead guilty. He added, after a long look, "Well, all I've got to say is, if anything goes wrong with that case, I pity you." He added that their social position and their host of friends—well, you know what was in his mind.

One evening, in a pneumonia season, I alighted at a Westchester station, and from the doctor's carriage entered a well-lighted house—surprised to find a host of friends, suggestive of an evening party. What I found was more than hinted at in the following prescription:

**How to Kill a Baby with Pneumonia.**—Crib in far corner of room with canopy over it. Steam kettle; gas stove (leaky tubing); room at 80° F. Many gas jets burning. Friends in the room, also the pug dog. Chest tightly enveloped in waistcoat poultice. If child's tem-

perature is 105° F., make a poultice thick, hot, and tight. Blanket the windows, shut the doors. If these do not do it, give coal-tar antipyretics and wait.

The doctor at once instituted the most approved open-air treatment and adopted the regular practice thereafter. That means, of course, that the treatment was satisfactory in its results.

At the present time there are multitudes of hospitals having open sheds, and some having fully equipped open-air wards, the Presbyterian and Mt. Sinai hospitals being, as far as I know, the first two to build complete open-air wards.

In Philadelphia the Jefferson Medical College Hospital has two such wards.—Therapeutic Gazette.

### **SOCIETY CALENDAR**

National Eclectic Medical Association meets in Cedar Point, Ohio, June 1916. T. D. Adlerman, M. D., New York, president; W. P. Best, M. D., Indianapolis, Ind., secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May 23, 24, 25, 1916. Chas. Clark, M. D., San Francisco, president; H. F. Seudder, M. D., Los Angeles, secretary.

Southern California Eclectic Medical Association meets in Long Beach, May 9, 1916. H. T. Cox, M. D., Los Angeles, vice-president; H. C. Smith, M. D., Los Angeles, secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. A. P. Baird, M. D., Los Angeles, Cal., president; H. Ford Seudder, M. D., 1621 W. Pico Street, Los Angeles, secretary.

### **NEWS ITEMS**

Dr. Augusta Stone, C. E. M. C., 1913, is located at 806-7 San Fernando Bldg., Los Angeles.

Dr. G. H. Greenwell, of Los Angeles, has been on the sick list, but was able to attend the State Meeting in San Francisco.

Dr. O. C. Darling, Riverside, has sold his practice to Dr. McFeeters, and has gone to San Francisco for an indefinite stay.

**DIED:** Dr. J. M. Mulholand, of Pittston, Pa., died on April 25th, from heart disease. The Journal extends sympathy to the family.

Dr. and Mrs. J. C. Solomon left on June 1st for an ex-



tended visit to Boston and New York. In Boston, they will attend the wedding of their son, Dr. Harry Solomon.

Alvin G. Berger, a former student of the C. E. M. C., was a member of this year's graduating class at E. M. C. He has received the appointment of interne to the Cumberland St. Hospital, Brooklyn, N. Y.

Dr. John Sasso, C. E. M. C., 1915, passed the recent State Board Examination in this State and celebrated the first day he received his license by having a case of puerperal eclampsia, followed by Cæsarian Section at The Westlake Hospital.

FOR SALE: Dr. D. A. Stevens, of Holtville, California, has a splendid location which he wishes to sell—as he has other plans. A doctor can make \$400 to \$500 per month from the very beginning, and Dr. Stevens will give any reasonable terms for quick sale.

The Southern California Eclectic Medical Association held its annual meeting in Long Beach on May 9th. The program was interesting. Dr. Baird spoke on "Anemopsis" and Dr. Roath on "Cannabis Indica." Dr. Young and Dr. Welbourn read papers which will be printed in the Journal.

Dr. O. C. Welbourn, Chairman of the Committee appointed by President Baird, of the Los Angeles County Society, to meet a like committee from the Homeopathic Society with the idea of bringing about closer relations between the two societies, entertained both committees to dinner at Hotel Alexandria, on May 10th. There were present, Drs. Cowperthwaite, Barndt, Citron, Low, Campbell, Brown, Smith, Scudder, Cox and Welbourn.

### POLLEN EXTRACTS IN HAY FEVER.

An illuminating pamphlet on Pollen Extracts and their adaptability to the prophylaxis and treatment of hay fever comes from the press of Parke, Davis & Co.

"As regards the symptom complex known as 'hay fever,'" says the booklet by way of introduction, "there is no doubt in the minds of the majority of authorities at the present time that it emanates from the pollens of flowers of various grasses, shrubs and trees. Elliotson, in the early part of this century, was the first to suggest the relation of the pollens of grasses to hay-fever, but it was left for Blackley and later Dunbar and his pupils to definitely prove in a scientific manner this relationship.

"At present the pollen diseases are defined as a group of vasomotor disturbances, of seasonal periodicity, depending upon individual hypersensitiveness to the pollens of certain

plants, and characterized by exudative catarrhal inflammation of the nasal, tracheo-bronchial, and conjunctival mucous membranes. In America two varieties of hay-fever are recognized—the spring variety, due to the Gramineae, especially timothy grass, and the autumnal variety, due to the Compositae, especially the ragweeds. \* \* \*

“It has also been established by Freeman, Goodale and others, as a result of much experimental and clinical work, that individuals who are susceptible to the proteid of one pollen are sensitive to proteids of other pollens of the same family, and that protection can be produced in the majority of patients by immunization with the extracts of the pollen of the most frequently encountered representative members of that family. Hence, Ragweed Pollen Extract will protect against members of the family of Compositae, and Timothy Pollen Extract will protect against members of the family of Gramineae. These two extracts, therefore, will be found suitable for prophylaxis and treatment for the large majority of cases of hay-fever encountered in America.”

In addition to the two extracts mentioned in the foregoing, announcement is made of a third product, Pollen Extract Combined. The three varieties are briefly described as follows:

“1. Timothy Pollen Extract, for the estimation, prophylaxis and treatment of the spring or vernal variety of hay-fever.

“2. Ragweed Pollen Extract, for the estimation, prophylaxis and treatment of the autumnal variety of hay-fever.

“3. Pollen Extract Combined, which may be used in either vernal or autumnal hay-fever, but is especially indicated in cases which begin early and last long, showing susceptibility to the early and late pollens.”

The prophylactic and therapeutic use of the extracts is, of course, fully covered in the pamphlet, which also contains excerpts from articles by various well-known authorities—Ulrich of Minnesota, Freeman of London, Lowdermilk of Kansas, Koessler of Rush Medical College (Chicago), Cooke of New York City, and others. It is not extravagance to say that the booklet, which bears the title “Pollen Extracts,” is a valuable contribution to our current literature on the subject of hay-fever. A copy of it may be obtained on request from Parke, Davis & Co., Detroit.

# The California Eclectic Medical Journal

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## Original Contributions

### PERSONAL EXPERIENCE WITH DRY DIET

Herbert T. Webster, M. D., Oakland, Cal.

My personal experience with dry diet as a cure for disease has been limited, though instructive. There are few persons who **must** submit to this treatment; and it is only when necessity drives that anyone not in love with the idea will adopt it. It is only when it becomes a matter of Hobson's choice that a novice can be induced to attempt it. Cases of this kind are comparatively few in general practice, and the physician who follows it must devote considerable of his time to it, or it cannot be made a success. Another drawback is, that many patients think they can manage the matter themselves, and attempting it fail, and thus throw discredit upon the practice. It is a fine art, but it is troublesome to convince many people of the fact.

The physician, therefore, who abandons a lucrative medical practice for this, makes an immense pecuniary concession; for there are dollars in a medical practice where there are dimes in practicing dry diet in a private way. This is a fact due solely to prejudice, not to the real merits of the case. I came to the conclusion long ago that I could not practice dry diet and at the same time follow an ordinary professional course, for the two are diametrically opposed; and few can make even a living, practicing dry diet alone. The few desperate cases that can be cured only by this method should be segregated and sent to a sanitarium, devoted solely to it, and in the hands of those qualified to practice it understandingly. Another matter of importance is, that there should be a corps of nurses present who have been trained in it, and who are firm enough to stand by the principles; for unless this is so, many objectionable articles will be smuggled in, which will spoil all that a properly selected diet might accom-

plish if strictly adhered to. Nurses trained for dry diet treatment should not be the ordinary trained nurses of hospital experience. Such nurses would be worse than a mere tyro, for their training would unfit them for this purpose; and they would be the very ones to interfere with and spoil what this treatment seeks to accomplish. However, if affected by a condition of desperate character, I would abandon all other resources and place myself in the hands of a competent dietetic physician of this cult, if I could find one.

During Dr. Weber's attendance at the California Eclectic Medical College, he preached his propaganda unceasingly to various members of the faculty. I was the only one who did not consider him a crank, and who would take time to listen, and allow the doctrine to "soak in." After graduating, as he was located in Oakland, I know he continued to practice his avocation, in a modest and retired way. Little was known of him by the profession at large, and his cures attracted little notice because not widely known. He had plenty of time to spare, and frequently visited my office to expound the principles of his method, though details of practice were not dwelt upon to any great extent. I was preparing the first volume of my work on Practice at that time and, as he was kind enough to furnish me with a translation of the cure of the Duke of Wurtemberg, and as I knew of the cure of a case of pulmonary tuberculosis by him, I was glad to incorporate it in that work.

Meantime, in the winter of 1895, my wife contracted a severe cold, which left her with a chronic cough, which I was unable to control. In spite of all I could do, the cough persisted. I tried all the remedies I could think of, and I prided—or had—myself that I was more than an average success in pulmonary troubles. A bronchial catarrh developed, which was racking, profuse and progressive. The cough was aggravated by night air, and progressively became more threatening. Becoming alarmed, I consulted various of my associates in the faculty, and followed, at different periods, their advice and prescriptions. No benefit followed. The expectoration became thick and apparently semipurulent, and more and more profuse. Her former husband died of catarrhal pulmonary tuberculosis, and she had slept with and nursed him. Naturally, I became very anxious as to the outcome. Five months of this wore on her greatly, though she was still able to attend to light household duties, though evidently a very sick woman.

In desperation, I finally proposed a trial of dry diet,



though I knew nothing about it except what I was able to infer from the article on the Duke's cure. My wife scoffed at the idea, and refused to entertain it at all, until I proposed to take the treatment in company with her. At this she remarked that if I was willing to submit to such foolishness she would, just to please me.

All I knew about it was a crude idea of bread and wine; so I provided a demijohn of claret and we bought stale French bread as needed. The meals we had after that (for a time, were what might be designated as "tough," in vulgar parlance. We ate, three times a day, a little plain stale French bread, and sipped a little claret wine without water or sugar. The bread was taken plain, without butter or any other dressing, and our meals were small ones, because the food and drink were both distasteful. However, I was able to attend my practice, and my office hours. We continued this for something less than a fortnight, when one day, while we were having our frugal lunch, a thought flashed through my brain; I stopped masticating, looked across the table and remarked: "What has become of your cough?" She arrested the chewing process and replied: "That's so, what has?" We stopped to consider, and realized, at once, that the cough and expectoration were entirely gone. We did not show much judgment in the matter, for we at once returned to our usual method of living; but the cough did not return, and she has never had a bad one since, though subject, like other people, to an occasional cold.

The remarkable speediness of this cure was surprising, but it taught some facts. One was, that there was no constitutional trouble behind the cough, or a much longer period of treatment would have been necessary; another was, that the sputum could not have contained pus, for ulceration of the bronchi could not have healed so speedily. I have stated the cure as having been accomplished in less than a fortnight, but I really believe the period was ten days. That is my wife's recollection. There was simply a stubborn bronchial catarrh, with great relaxation. However, what a persistent application of the best remedies known failed to accomplish, was brought about with this method in a very brief space of time.

In 1898, while conducting a hospital in San Francisco, a young lady of about nineteen was brought me from N., a little town forty miles away, who was the victim of pernicious anemia. She had been under the care of two different physicians near her home for two years in all, and had been stead-

ily growing worse. She was pallid as possible, her lips were colorless, her tissues puffy, waxy and transparent; there were cardiac murmurs, and absence of the menses; she had no appetite, poor digestion, and became breathless upon slight effort; three or four short steps led from the hallway to the main floor of the lobby, and she fainted when first attempting to mount them without assistance. In fact, as she remained at the hospital three months, she fainted several times at this place while there.

This was the time of popularity for orificial surgery, and I was one of its devotees. I found two or three rectal pockets on examination, and advised their removal, which was consented to and accomplished; but the speedy benefit expected did not follow. The case was undoubtedly a stubborn one. No microscopical examination of the blood was made, which I now regret, but if it were not a genuine case of pernicious anemia, it at least was figuratively "pernicious." As she had been in old school hands for two years I did not doubt that she had been "ironed" and "chalybeated" through all those changes, so I concluded to take another tack. I tried a thorough course of calcarea carb. at first, but "nothing doing." Then I tried calcarea phos., but no better result. Ferric phos. followed. It was about this time that I was being widely cursed for advocating the tissue remedies. But they did no good in this case, for I tried every one that offered any prospect of benefit.

In the meantime the girl had returned home, and visited me once a week. I now thought it time to return to some of my old instruction, and turned to copper, a la Rademacher and Scudder. The "indications" were there all right, but results refused to pan out. She continued on this remedy for six or eight weeks without a whit of improvement. Various bitter tonics failed to improve appetite, digestion or assimilation. Then I resorted to peptonized iron, which failing, I had resort to Howe's acid solution of iron. No good! Arsenic was used, without benefit, and the faradic current of electricity thoroughly tried.

My patient was faithful to me, followed directions well, and came regularly to see me every week. Why she did not desert me long before I never could imagine, though I really had done some good work in her home neighborhood in time past. Finally the year was up, and I was discouraged. She still fainted on little exertion, still had cardiac murmurs, was still white as a ghost; menses still absent. Upon one of her

weekly visits to my office in Oakland, for I had moved from San Francisco, I said: "Nellie, I have been treating you for a year now, and cannot see that you are any better than when I began. I think you ought to go to some other doctor." "I don't know but you are right about my not being any better," she replied, "but I am going to stay with you awhile. It seems as though you will help me yet." "Well," I said, "if I am going to treat you any more, I shall change my tactics completely. I shall put you on a dry diet, and that will not be pleasant for you." "All right," she answered, "anything you say goes."

I put her on a modified diet, restricted drink to as small an amount of claret as she could endure, but allowing her one "drink day" each week, when she was permitted to drink enough to satisfy thirst; and stale bread six days in the week exclusively, though on the seventh she was allowed some dry boiled chicken for one meal, with a little salt on it.

She still visited me weekly and told me of her perseverance, and of her trials. The neighbors, for people have plenty of them in a little country town, assured her that her doctor was starving her to death, and warned her to let me alone before I killed her; but she persevered. The menses returned about six weeks after beginning this, and when she came in, about that time, during our conversation she asked me if I had any objection to her dancing. I told her certainly not, if she felt like it. She said she had been engaged to a nice young man for three years or more, and attended weekly dances with him, but had always been a "wallflower," for she would get faint and out of breath as soon as she tried to dance. Now, however, she was very certain that she would like to try it. She did, and managed it very well. From that time on the roses began to come into her cheeks, and within three months after beginning the dry diet she was as well as anyone in or out of her home town. She married her "young man," now lives in Oakland, and is a vigorous matron, the mother of two strong, healthy girls. I am the family physician, and she not infrequently refers, thankfully, to the dry diet episode.

However, I was still rather "green" on the subject. About this time a young man came to me with tuberculosis of the lungs, from the same place. He had long been a saloon habitue, and a hard drinker. I made a careful examination, and candidly explained his condition to him. I expressed my belief that no ordinary treatment would benefit him, but advised



a trial of dry diet, to which he consented. I saw him only two or three times during the treatment, for he became too weak to visit me, and he was not able to pay for my visits. Still, I visited him twice, the last time the day before he died. In this case I made a common mistake, one which the profession has almost invariably been prone to, from time immemorial: "The more serious the disease, the more severe the treatment." I put him on a rigid dry diet, and he followed it faithfully, to the day of his death, under the ministration of a devoted sister. Here, I made two mistakes. In the first place I ought to have approached the regular treatment gradually, until the system had recuperated somewhat, and I did not begin any "building up" treatment. At that time I did not know how to tell when it was time to cease the regular treatment. I had never been told, and had never learned how from observation. Within six weeks after the treatment was begun the fever, cough and expectoration had ceased and the patient was comfortable, with the exception of great weakness. He gradually faded away, and died without a struggle.

I have learned since, that in a condition of great prostration, the patient cannot safely be put upon the regular Schroth treatment until that process has been approached gradually, and the subject has some time to recuperate. The case of the Duke teaches this, but I did not recognize the fact then as I do now. Also, the urine should have been examined every day or two, to determine when it cleared up; for dry diet is a two-edged sword, and when the time is past for it to do good it will then do harm, if not arrested. When the urine clears, the dry diet must be stopped at once, and a building up, supporting treatment begun.

I may add that I made no use of packs in this case, and I believe they are somewhat important. At least I know Dr. Weber does in some of his cases of tuberculosis, if not all.

In 1902 or 1903, approximately, occurred the case of Dr. R., whom I had known during my early years of practice in eastern Ohio, when he was a student with an Eclectic physician practicing near me in a neighboring town, and with whom I was very intimate. He graduated at the E. M. I., soon after, and practiced several years in Cleveland and near there, but finally went to a Nevada mining camp, from which he occasionally visited San Francisco, to always call on me, to renew old acquaintance. Ultimately, about the date just referred to, he closed up his business in Nevada and came to San Francisco, with an idea of locating there. Within a fortnight



afterward he was down in bed, and sent for me, in Oakland, to visit him. I found him with lobar pneumonia of the left side. I prescribed for him, and as he was too far away for me to visit daily without considerable loss of valuable time, placed him under the immediate care of Dr. Huckins, who was then located in San Francisco, seeing him myself every three or four days. On account of old times' sake, I was deeply interested in his welfare. He had a slow time recovering, and got out of bed with a persistent cough, but apparently slowly recuperated.

A few weeks later he came over to my office and asked me to examine his lungs. As soon as he stripped his chest I was shocked to observe that the left side of the thorax was markedly sunken. He was naturally a man of fine physique, with full round chest, and the asymmetry was therefore marked. A careful examination was hardly necessary to determine it to be a case of interstitial pneumonia involving the left lung, and making rapid advance. The patient realized his condition, for he had had years of experience in practice, and understood the hopelessness of his case under ordinary treatment. He was haggard, coughed considerably, and experienced difficulty of breathing upon slight exertion.

There was no hiding the condition from him, for he had realized it some time. We sat down and discussed the situation candidly. We both admitted that no medicine known to the medical world offered any hope of cure, and this was very disheartening to one who had always before been in robust health. After going over the ground thoroughly I broached the subject of dry diet, and told him what I knew about it. I assured him that I had never known of a case like his cured by it, but considered it "Hobson's choice." Referring to the treatment of such cases, Osler remarks, in his *Practice of Medicine*: "It is only for an intercurrent affection or for an aggravation of the cough that the patient seeks relief. Nothing can be done for the condition itself. When possible the patient should live in a mild climate, and should avoid exposure to cold and damp. A distressing feature in some cases is the putrefaction of the contents of the dilated tubes, for which the same measures may be used as in fetid bronchitis." This author asserts that the disease is essentially chronic, and may persist for fifteen or twenty years. "Death occurs sometimes from hemorrhage, more commonly from gradual failure of the right heart with dropsy, and occasionally from amyloid degeneration of the organs."

Realizing the hopelessness of his case as an ordinary person would not, this patient was willing to grasp anything that offered any promise of cure; and he went home and lived three months on stale French bread, with restriction of drink to a small allowance of claret daily. I could give him no further directions then, for that was about as far as my knowledge extended. About three months after this call he visited me again, and asked me to examine him a second time. This time I was again astonished, for I found his thorax restored to its normal symmetry, the lung free from abnormal sounds, cough gone, and the patient's general appearance that of perfect health. Needless to remark, he was delighted with results himself. This was thirteen or fourteen years ago; and I have seen him three times since, last, in 1914. He returned to Nevada to practice, and has since remained in excellent condition.

In another article I shall record further personal experience with this mode of treatment.

NOTE.—Since learning Dr. Weber's mode of treatment I have abandoned the Schroth method. Weber's method will appear in full technique, in coming numbers of Ellingwood's *Therapist*, which has already published a number of articles on this subject.

### RECURRENT TERMINATION OF PREGNANCY, ETIOLOGY AND PROPHYLAXIS BEFORE CONCEPTION

Dr. E. L. Smythe, Bremerton, Wash.

The cases of abortion are many and varied. Much has been written on the subject and yet there is ample room for discussion. The purpose of this article is not to deal with all types, but only with the type that occurs spontaneously. Criminal abortion has no place here but in passing it may be mentioned that after all literature has been exhausted on the subject the prophylaxis resolves itself into three heads, viz: better economic conditions (politically, financially and socially), better legislation and better education.

Regardless of cause all cases should have the attention and services of a physician, but the spontaneous recurrent type demands more from a prophylactic standpoint, perhaps, especially from the patient who desires an offspring.

The patient placing herself under the physician's care gives the history of a first absorption or miscarriage following an injury, a fall, railway journey or perhaps no cause can

be ascertained as far as the patient's knowledge is concerned. This in general is the history.

Before any treatment is outlined the cause if possible should be found: the patient's history, a physical examination and in some cases a laboratory test is required before the physician can arrive at a definite conclusion as to diagnosis.

A chronic pathological condition of the endometrium with all its signs and symptoms is a cause that ranks first as to spontaneous abortion and miscarriage occurring at regular or irregular intervals. Conservative treatment may be tried and if unsuccessful a thorough curettage is necessary to remove all the diseased decidua.

Lacerations of the cervix is not as common a cause as some writers would have us believe, but the condition may be the primary cause to an existing endometritis. Trachelorrhaphy may be done, especially if the laceration to the perimetrium, but if the lacerations are small and there is no disease of the endometrium direct the search to other sources.

Adhesions resulting from inflammatory deposits in the pelvis may cause the enlarging uterus to expel its contents. Generally there is a history of a pelvic cellulitis or peritonitis. Pain is a symptom to be expected from the onset in the early pregnancy of this type. On examination the uterus is in malposition, fixed or limited in motion. Celiotomy is to be advised, the adhesions ligated and sectioned and the uterus restored to its normal position. Malpositions of the uterus may be a factor to be reckoned with; here again the abortion may be the result of an endometritis secondary to the malposition. If the condition does not yield to medical and simple treatment, operation by one of the various methods on the ligaments to hold the uterus in normal position is the best procedure. Malformation of the uterus may be a baffling condition to combat. Some of these deformities can be corrected surgically. History of these cases are reported with good results after the deformity had been wholly or partially removed.

Tumors of the pelvis whether internal or external to the uterus may cause irritation by pressure and set up muscular contractions in the pregnant organ. These conditions are all generally indicative of surgery.

When in doubt as to diagnosis a Wasserman test, both paternal and maternal, should be made when the cause is held in the background. "When in doubt play trump" and sometimes the anti-syphilitic treatment is the ace of trump.



A physician should always be suspicious of syphilis when there is recurrent miscarriages without apparent cause.

Constipation should not be overlooked as a causative factor. A hypersensitive uterus can be stimulated to contraction by straining at stool or by pressure from the accumulation of fecal matter in the lower colon. The bowels should be well regulated before conception and maintained throughout pregnancy.

Of late much stress has been placed on placental enzymes and the toxemias of pregnancy causing hyperemesis, eclampsia and often resulting in miscarriage either spontaneous, or induced physiologically to prevent fatal results. Although the treatment of these conditions is applied to the pregnant state, much aid, from a prophylactic standpoint, can be given prior to conception by getting the emunctories in good working condition.

Obese and enemic patients require treatment to suit the case. In obesity a restricted and regulated diet should be urged with exercises in the open air. In anemic patients the cause if possible should be removed, the patient prescribed tonics with iron and a suitable diet until the constipation is brought to par.

An interval of at least nine months, in most cases, should be enjoined on the patient before another conception is permitted. This is not always practicable but our patients must be warned if the precaution is not observed. Physiological rest aids the uterus to outlive its faulty condition or irritability.

If possible the patient should take a vacation from the environments of home where physiological and sexual rest is assured, especially the patient with endometritis or subinvolution as neurasthenic symptoms are not uncommon in the chronic form.

Uterine tonics and sedatives are given as the case indicates. In endometritis and subinvolution when the musculature or the mucous membrane of the uterus is at fault the tonics are valuable. When the uterus is hypersensitive due to reflex causes or otherwise the sedatives are given as demanded.

Overwork and exhaustion, prolonged exercises, long walks, improper food, alcohol, stimulants, violent purgatives, and all excesses should be avoided during the course of treatment.



Occupation plays an important part in the prophylaxis of some cases. Workers in lead, mercury or badly ventilated workshops should be advised to discontinue their work or change their occupation.

### WHY NOT USE VACCINES AND SERUMS?

Chas. Clark, M. D., San Francisco

(Read before the California State Eclectic Medical Society)

In presenting this paper I shall feel that I have accomplished something if I only overcome, in a measure, the very manifest prejudice on the part of the majority; particularly of the older members to the use of any therapeutic material desired from that portion of the vegetable kingdom commonly referred to as "germs,"—and arouse sufficient interest or curiosity to at least lead to an unbiased investigation into the merits of such material.

I am sorry to say that the suggestion of such material to the average Eclectic is almost equivalent to raising a red flag before the proverbial bull. If we are truly what our name implies we should thoroughly investigate before we condemn.

In thinking of "bacteria" as "germs," kindly remember that they are just as much members of the vegetable kingdom as any of the more highly organized members—for instance, the staphylococcus pyogenes aureus is as much a plant as aconite. True, the first consists only of a single cell, the latter of an infinite number of highly differentiated cells, but each are members of the vegetable kingdom just as much as the other.

This being the case, why be so enthusiastic as to the use of an aqueous or an alcoholic extract of the one and so absolutely condemn an extract from or even the use of the whole of the other?

The use of the extractives or even the whole organism of the bacteria was suggested to the minds of early investigators by early experiments as to the reaction of animal cells to glucosides derived from the Castor Bean and the Jequirity Bean—namely Ricin and Abrin.

The injection of gradually increasing doses of these substances into the tissues of rabbits resulted in the formation of substances which combined with these glucosides and prevented their destructive action on the animal's tissue cells. These substances are called anti-bodies—that resulting from the use of abrin, anti-abrin, and from ricin, anti-ricin.

Later experiments substituting the toxins, poisons, or

active principals of the lower order of plants (or, if you will, Germs), resulted, as was expected, in the production of corresponding anti-bodies. Further investigation has proved that these anti-bodies are absolutely specific, both in the case of those produced as a result of the injection of extractives from the higher and lower orders of the vegetable kingdom. For example, anti-abrin protects the tissue cells from the destructive action of abrin but not against ricin, and vice-versa.

Further experimentation has shown that the resultant anti-bodies differ in character depending on whether the toxins or the whole plant or cell is injected. Where the poison or toxin alone is used as a material to stimulate the cells, the resultant protective body is specific for the toxine alone and has little or no effect on the plant or bacteria itself.

Where the whole plant or bacteria are used as the exciting material, a number of protective substances are produced most interesting of which is a material which results in the disintegration of the bacteria (bacteriolysins). Other substances are also developed as opsonins precipitins and agglutinins.

In all of these experiments where the whole cells or bacteria are used they are either killed or subjected to some influence which lowers their vitality to such an extent as to lessen their virulency before injecting them.

The ability of animal tissue cells to produce principals which will cause the dissolution of similar cells is not observed towards vegetable cells alone, but towards animal cells as well. This can best be illustrated by the experiment of injecting human red blood cells (which have been washed to free them of all serum) in gradually increasing doses into a rabbit.

After a time the serum of this rabbit will develop the ability to absolutely dissolve human red blood cells and human red cells alone. This is due to the presence of a substance called haemolysin.

At this time I would also remark that these substances are absolutely specific for the substance used to stimulate the cells.

The above are not theories, but statements of facts which have been proven by experiments time after time.

Who among us can tell as positively how aconite or gelsemium, etc., affects the tissues? Or even is it not possible that the action is similar.

The above facts prove to my mind that the use of so-called bacterins or vaccines is rational and deserves at least

unbiased investigation on the part of the Eclectics.

What are bacterins or bacterial vaccines?

They are standardized suspensions of either killed or of attenuated bacteria in normal salt solution, to which is usually added a small quantity of trikresol for preservative purposes. Furthermore, they are not dirt or filth but, if you can so conceive it, a carefully grown collection of microscopic plants killed and containing active principles which, if taken in over doses, have power to harm just as in the case of the higher plants, but, if used in proper doses to so stimulate the tissue cells that they will produce a material which will enable them to destroy similar plants and their extractives or toxic principles.

You ask, why introduce into the body organisms similar to those already causing a given disease? In the case of the bacteria actively engaged in producing the disease they are virile and constantly producing metabolic toxic products which tend to destroy the phagocytic cells of the body while those bacteria composing the vaccines are either killed or attenuated so that the phagocytic cells are not destroyed and are able to respond to the presence of such material in such a way as to produce specific anti-bodies.

In disease the recovery or death of the patient depends upon whether the cells of his body can or do produce sufficient anti-bodies to neutralize the amount of toxins produced or to destroy the bacteria themselves, so that in the use of the vaccines we are simply using Nature's own method of curing disease.

One of the principal factors in the treatment of disease by vaccines is the positive discovery of the identity of the organism causing the disease as the anti-bodies produced as the result of the use of one kind of micro-organism are of little or no value in combating the toxic processes resulting from the presence of another kind. Therefore, wherever possible, an autogenous vaccine should be used, but where Time is an object, the so-called stock vaccines should be used until an autogenous vaccine can be prepared.

In the manufacture of the stock vaccines a great many strains of one variety are used in order to obtain a vaccine suitable for use in infections by a large group of similar organisms.

Therapeutic serums differ from vaccines in that they are actually the blood serum of animals whose tissue cells have been stimulated to produce anti-bodies by the injection of vaccines or toxins in increasing doses until their serum is

so charged with corresponding anti-bodies which vary with the substance used as the exciting agent.

In the use of both autogenous and stock vaccines some hours must elapse before the tissues are able to produce anti-bodies, and during this time there is usually some local reaction at the point of injection and if the dose is sufficiently large, some systematic disturbance: malaise, dizziness, pains about the joints, and possibly some fever. This is known as the "negative phase."

It has been found that the beneficial results of vaccines are much more prompt and that the local and general reactions are less marked if the bacteria used in the vaccine are first subjected to the action of blood serum of an animal first immunized to the same type of germs. Such vaccine is now on the market and is known as Sero-Bacterin.

As this paper has already reached a length for beyond that originally intended, will not take the time to cite cases, etc., but will say that if you will use the proper vaccine in any given case of infection, you will most certainly be surprised and pleased with your results as this form of treatment is surely rational and absolutely specific. TRY IT, DOCTOR, and be CONVINCED.

## CALIFORNIA STATE BOARD EXAMINATIONS

### PHYSIOLOGY

Ernest Sisson, D. O.

9 to 11:30 a. m., April 4, 1916

(For Physician and Surgeon Applicants.)

1. How do the tissue cells receive their nutrition? Describe their relation to blood vessels.
2. In the heart's action, where does muscular contraction begin? Explain why blood does not regurgitate into the vena cava.
3. What controls the lumen of arterioles? Contrast with capillary control.
4. Explain why dilute hydrochloric acid remains in the stomach longer than water.
5. How are the digestive ferments formed?
6. What combination does pepsin need to make it active, and on what class of foods does it act?
7. Discuss the antiseptic function of the gastric juice.
8. In glandular activity and rest, what changes occur as to oxygen and carbon dioxide?



9. Does the blood stream increase or decrease its velocity on its way from the heart, and when and where? How does this compare in the veins?
10. What part does carbon dioxide play in vaso motor activity?
11. What is meant by intra-thoracic and intra-pulmonary pressure?
12. Describe the process of external respiration or interchange of gas in the lungs and compare with internal or tissue respiration.  
(Answer ten questions only.)

### HYGIENE AND SANITATION

A. M. Smith, M. D.

1 to 3 p. m., April 4, 1916

(For Physician and Surgeon and Drugless 2,000 Hours Applicants.)

1. Discuss school hygiene, including care of pupils, location and general construction of a school building in a city of twenty-five thousand people.
2. What are the principal diseases incident to school life, and how may they be prevented?
3. What is meant by the term quarantine? Name and briefly discuss the control of three quarantinable diseases on land; three on shipboard.
4. What is industrial hygiene? Briefly state how workmen may be protected; (a) in cinnabar mines and smelters; (b) in lead works.
5. What is the incubation period of measles; smallpox; mumps; diphtheria; scarlet fever; pertussis; typhoid fever; variola?
6. Discuss the examination of milk.
7. What proportion of water comprises the body weight? What are the uses of water in the body?
8. Name and describe three of the methods of chemical purification of water.
9. Discuss the disposal of sewage of a town of two thousand inhabitants in a flat country.
10. Describe methods of eradicating malaria from California.
11. Name and discuss the prophylaxis of three most prevalent venereal diseases.
12. Name and discuss four methods of prevention of propagation of defectives.  
(Answer ten questions only.)

**SURGERY****P. T. Phillips, M. D.**

3:30 to 6: p. m., April 4, 1916

**(For Physician and Surgeon Applicants.)**

1. How would you treat a simple sprain of the ankle?
2. Define anal fissure. Give its most common cause, symptoms and treatment.
3. Differentiate between epithelioma and lupus.
4. Describe in detail the diagnosis and treatment of supra-condyloid fracture of the humerus.
5. Give diagnosis and treatment (a) acute empyema of maxillary antrum; (b) of frontal sinus.
6. Discuss the relative merits of ether anesthesia, chloroform anesthesia and nitrous oxide and oxygen anesthesia.
7. Discuss the relative merits of supra-pubic and perineal prostatectomy.
8. Give the causes, symptoms and treatment of acute osteomyelitis.
9. Give the differential diagnosis between acute glaucoma and iritis. What importance difference in treatment?
10. A patient, female, aged fifty years, medium height, weight 195 pounds, who has suffered a comminuted fracture of the shaft of the femur, suddenly develops dyspnoea, unconsciousness and death—what is the probable diagnosis?
11. What is Bell's palsy? Give surgical treatment.
12. Describe in detail the operation of lateral anastomosis of the ileum.

(Answer ten questions only.)

**CHEMISTRY****H. Clifford Loos, M. D.**

10 a.m to 12 m., April 5, 1916.

**(For Physician and Surgeon Applicants.)**

1. (a) What are fats?  
(b) Give the chemical formula and names of three fats.
2. What are albumoses and give one test for same.
3. (a) Describe one quantitative test for free hydrochloric acid in stomach contents.  
(b) Write the chemical equation of the reaction which occurs with hydrochloric acid in the stomach when sodium bicarbonate is taken.

4. Give the composition of human milk and how does it differ from cows' milk?
5. (a) Name the substances called halogens.  
(b) How are they similar?  
(c) How are they different?
6. (a) How is potassium iodid formed?  
(b) Write the chemical equation for said reaction.
7. Give method of testing for arsenic in the stomach post mortem.
8. (a) Name the antidotes for mineral acids, and give reasons.  
(b) Name the antidotes for caustic alkalies and give reasons.
9. Give treatment for case of morphine poisoning.
10. Describe the difference between leukomaines and ptomaines.
11. Define (a) metabolism;  
(b) catabolism  
(c) anabolism.
12. Name the principal substances composing the human body.

(Answer ten questions only.)

## **PATHOLOGY AND BACTERIOLOGY**

**Dain L. Tasker, D. O.**

1 to 3 p. m., April 5, 1916

**(For Physician and Surgeon Applicants.)**

1. Discuss inflammation under the following divisions:  
(1) cause;  
(2) principle phenomena;  
(3) sequelae.
2. Name five varieties of antibodies.
3. Discuss embolism, giving varieties and effects.
4. Describe the characteristic tubercle of tuberculosis, and give its evolution.
5. Discuss sarcomata, giving structure and mode of spreading.
6. What are the usual autopsy findings in chronic interstitial nephritis?
7. Enumerate the different ways in which acquired immunity may be produced.
8. What is an antitoxic unit?
9. What is the difference between an antitoxin and a bacterial vaccine?
10. Give method of preparing a smear of pus from the uretha for microscopical examination. How may the gonococci be distinguished from other cocci?

11. Discuss the use of tuberculin\* for diagnostic purposes?.
12. Give the life cycle of the hook worm.  
(Answer ten questions only.)

### ANATOMY AND HISTOLOGY

Wm. R. Molony, M. D.

3:30 to 6 p. m., April 5, 1916

(For the Physician and Surgeon and Drugless 2,000 Hours Applicants.)

1. Name the cranial nerves and classify as to function.
2. Briefly describe the urinary bladder.
3. Locate, give histology and relations of the parotid gland.
4. Give the cutaneous nerve supply of the scalp and face.
5. (a) If the thigh be amputated at the junction of the middle and lower third, what structures would be divided??  
(b) In a complete fracture of the femur at its middle, displacement of the fragments usually occurs. Discuss causes and direction of displacement.
6. Briefly describe the ankle joint.
7. Describe by diagram the histological structure of the skin.
8. Give the surface markings of the pleura.
9. Give the relations of the pancreas.
10. (a) Name the muscles of mastication, and give nerve supply.  
(b) Give nerve supply of the muscles of expression.
11. (a) Discuss the hypophysis cerebri, its structure, location and function.  
(b) Brief discussion of the thymus gland.
12. Discuss serous membrane, and tell where normally found.  
(Answer ten questions only.)

### GENERAL MEDICINE

Robert A. Campbell, M. D.

10 a. m. to 12 m., April 6, 1916.

(For Physician and Surgeon Applicants.)

1. Differentiate an epileptic from a uremic convulsion and give etiology and treatment of the uremic.
2. Cancer of stomach. Give symptoms and diagnosis.
3. (a) Describe the lesions of secondary syphilis;  
(b) Give treatment;  
(c) When would you consider the case cured?
4. Discuss cholecystitis.
5. Discuss ulcerations of the mouth and pharynx.



6. Give symptoms and treatment of scurvy.
7. Give diagnosis and treatment of a case of primary pulmonary tuberculosis.
8. Describe abdominal pains in the male and give the significance of each.
9. Describe an attack of acute lobar pneumonia and treatment.
10. Discuss tuberculosis of the spine.
11. Define hallucination, delusion, paranoia, enxymes, arrhythmia.
12. Differentiate endocarditis from pericarditis.  
(Answer ten questions only.)

**REGULAR MATERIA MEDICA, THERAPEUTICS,  
PHARMACOLOGY AND PRESCRIPTION WRITING**

**H. E. Alderson, M. D.**

(Examination conducted by P. T. Phillips, M. D.)  
1 to 3:30 p. m., April 6, 1916.

1. Describe the treatment of intestinal indigestion.
2. Write a prescription, without abbreviation, containing the following: salicylic acid, ammoniated mercury, ichthyol, zinc oxid ointment, and vaseline. For what conditions might this combination be useful as a whole, and what would be the special indication for each ingredient?
3. How should tetanus be treated in detail? What is the practical value of anti-tetanic serum?
4. Name five antiseptics and tell in what proportions each should be diluted for surgical use.
5. Write a prescription containing subcarbonate of bismuth, bicarbonate of soda and carbonate of magnesia. What would be the indications for its use?
6. How should ophthalmia neonatorum be prevented and how treated?
7. Discuss briefly treatment for chronic functional constipation.
8. Give symptoms of cumulative action of digitalis.
9. Mention the principal physiologic effects of jaborandi. Name its alkaloid generally used with dose.
10. Mention some conditions in which serum therapy has proved successful. What is serum disease?
11. Name the ten drugs you most frequently employ, and give dose of each.
12. In what infectious diseases is immunization of value?  
(Answer ten questions only.)

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 819 Security Building, Los Angeles, California. Original articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

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## PREPAREDNESS

The word preparedness seems to be on the lips of almost every man one meets and each man seems to have a slightly different conception of its meaning. A few men have very extreme views which they introduce by this word, views which are both radical and positive. However, at this moment we are concerned, not with preparedness as a body politic, but with preparedness as an individual. For, we assume that the reader is interested more especially in the preparedness of the medical profession; or his personal and individual preparedness, if you please.

By reason of a rather large consultation practice we are in a position to know and therefore permitted to say that the medical man hereabouts is well prepared to practice medicine. To be sure one man excels in one line and another man in another line, each as he has found himself, but the general average is excellent.

Granting that the above is true, why do we make mistakes? Also, why do men in other walks of life make mistakes? The rough and ready answer would be, carelessness. But like most rough and ready answers, it is no answer at

all; for it only suggests another question: Why are men careless? And the answer is legion.

Sometimes it is a physical difficulty like chronic ill health or an acute distress. Sometimes it is a brain fag from mental exertion or worry. Sometimes it is both physical and mental exhaustion from overwork or from an all night carousal. In any event there is a lack of mental alertness on the part of the individual. He is below his normal par and prone to make mistakes. And he is indeed fortunate if his work at this time should be largely routine—no vital matter being at stake.

A little retrospection now and then is a good thing. By such means we teach ourselves, and become better prepared to follow our chosen profession.

### WHY DO MENTAL HEALING CULTS GAIN GROUND?

It is a principle of economics as valid as the law of biogenesis in biology, that wherever one finds an extreme situation one must look for an explanation of it to some precedent condition of equal extremeness, from which it will be found to be a reaction. It is likewise an economic maxim that in this reactionary element will be found just that crystallization of popular intuition (over-done, to be sure, but none the less genuine) which will eventually bring the cycle to the middle point of truth and reason.

According to this rule, in seeking for an explanation of the remarkable hold which Christian Science, Mental Science, New Thought, and like cults have obtained of late years upon the public at large, we must consider what are those features of the new systems which represent a reaction from immediately preceding states of the public mind. And if we would profit by the consideration—particularly if we happen to belong to that class of thought which represents those preceding states—we must seriously undertake the task of modifying our attitude by the corrective influence of the very doctrines which we regard as extreme.

We are perfectly well aware that devotees of each of the cults which we have indicated by name and by inference would vehemently disclaim that their particular system had aught in common with any of the others. We are, however, for the present, not addressing ourselves to the disciples of the cults, but to medical practitioners and to the scientific world generally, among whom we believe there will be no disposition to dispute the similarity in the teaching of the

various "mental healing" cults, at least so far as the subject of bodily health and disease is concerned. Their essential position on this subject is the same, namely, that health and disease are attitudes of the mind rather than actual material conditions, and are to be controlled by the regulation of one's mental and spiritual relations rather than by the application of material measures.

That these concepts and principles are woefully misunderstood and ridiculously misapplied is not to the point just now. It has already been pointed out that they represent extreme swings of the pendulum, and it is not the purpose of this editorial to discriminate the extent and nature of their over-reaching, but to enquire whence they derived their reactionary impetus and to show how far their reactionary momentum may be reasonably expected to contribute toward a rational balance.

For many years medical science has been madly, hopelessly materialistic. She has reduced, or pretended to reduce, all conditions of body and mind to terms of the laboratory and the microscope. Every factor that could not be so reduced has been pooh-poohed and discounted. The rapidly increasing facilities for investigating the structural products of health and disease, useful as they have been, have served to plunge medicine more and more deeply into the meaninglessness and incoherency of materialism, and the illumining heights of function and of evolution have been neglected and deserted. Health means a perfect bio-chemical machine, and the etiology of disease has resolved itself into a paraphrase of the old French proverb, *cherchez le bacile*. The material products of disease have been paraded as its causes, and structural changes, the last expression of functional aberration, have been sought as the basis of diagnosis and treatment.

This is the extreme state of affairs from which so-called mental healing is the exaggerated recoil. It is not that the public at large really subscribes to all the extravagances and absurdities of faith cures and absent treatments; that rests with a few credulous enthusiasts and shrewd grafters. The great majority of lay people, questioned on the subject, admit the extravagances and absurdities, but opine that there is a "good deal of truth" in the doctrines, as indeed there is. The real informing spirit of the movement is that popular intuition (frequently a more sensitive and trustworthy gauge than science) has sensed the inadequacy and unsoundness of structural etiology, and is giving exaggerated expression to its sentiment. Whether or not the scientist, with his nose among



the microbes, has succeeded in persuading himself that the causes of vital phenomena are to be found there, public intelligence declines to believe it, and medical science is incurring public distrust and mental science gaining friends sheerly on this ground.

Without being able to give any very definite or orderly reasons for its attitude, the public "feels in its bones" that health and disease are not, and cannot in the nature of things be altogether a matter of germs and toxins and cells. Without the faculty to analyze and formulate its position, the public instinctively feels that these lower elements of human life are, in the main, its servants, not its masters; that they should have no power in themselves to harm the individual whose functional relations with his environment are properly and naturally maintained. And it is not surprising that the public should welcome a system of hygiene which overrates this supremacy of functional influence in preference to a science which appears to disregard it altogether.

When the medical man has exhausted his technical erudition in accounting for a diseased condition by molecular changes, the patient still feels that the real casual factor in his condition is "something he did," and some "wrong attitude of mind" toward one or other of the relations of life, some lack of proper adjustment between himself, as a man, and the complex environment that makes up his daily life.

There are, as we admit, some things in the new creed which call a smile to the lips of the medical scientist. But the smile need not be a sneer; it need not even be a supercilious smile. The one extreme to which medical science has for many years lent its authority is at least as amusing as the other extreme now represented by mental healing. The wise scientist, on the contrary, will, as we have already hinted, seek in these very features of exaggeration the element of modification which shall restore sanity to the situation. He will accept the rebuke to his ultra-materialism; acknowledge the implied lesson that, as Gould says, "the soil is at least as important a factor in etiology as the seed" (possibly more important); and, instead of driving the public to still further extremes by his sneering attitude, set himself seriously to purge medical science of those materialistic obsessions (equally childish) which have given these spiritual cults their impetus.—Practical Therapeutics.

### SOCIETY CALENDAR

National Eclectic Medical Association meets in Memphis, Tenn., June, 1917. Dr. W. E. Daniels, Madison, South Dakota, President; Dr. Wm. P. Best, Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in Santa Barbara, May, 1917. Dr. H. Ford Scudder, Los Angeles, President; Dr. G. H. Greenwell, Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1917. Dr. H. T. Cox, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. A. P. Baird, M. D., Los Angeles, Cal., President; H. Ford Scudder, M. D., 1621 W. Pico Street, Los Angeles, Secretary.

### ECLECTIC MEDICAL SOCIETY OF STATE OF CALIFORNIA.

May 23rd, 24th, 25th, 1916.

#### PROGRAMME

#### ADDRESS OF WELCOME.....

.....Dr. Geo. H. Greenwell, Los Angeles

Reading of Minutes

Report of the Secretary

Report of the Treasurer

#### PRESENTATION OF PAPERS:

##### PRACTICE OF MEDICINE

"Narcotic Drug Habit—It's Treatment".....

.....Dr. A. S. Tuchler, San Francisco

"The Fore-look of Eclecticism".....

.....Dr. Carl Murray, Sacramento

##### MATERIA MEDICA AND THERAPEUTICS

"Sepia".....Dr. G. N. Harvey, Fillmore

"Alkaloids and Glucosides".....Dr. H. T. South

"Ichthyol".....Dr. H. T. Cox, Los Angeles

"Lobeline Sulphate in Hypodermic Medication".....

.....Dr. A. S. Tuchler, San Francisco

Title unannounced.....Dr. H. T. Webster, Oakland

## SURGERY

- "Surgical Treatment of Exophthalmic Goitre".....  
 .....Dr. Ada Morton, San Francisco  
 "A Few Thoughts on Recurring Hernia and Their  
 Care".....Dr. I. H. Wheeler, Healdsburg  
 "Operations on the Urinary Bladder".....  
 .....Dr. H. Roswell Hubbard, Los Angeles  
 "Nothing".....Dr. A. J. Atkins, San Francisco

## GYNAECOLOGY AND OBSTETRICS

- "A Few Items of Interest On Obstetrics".....  
 .....Dr. H. C. Hervey, San Jose  
 "Puerperal Eclampsia—It's Treatment".....  
 .....Dr. J. B. Mitchell, San Francisco

OPHTHALMOLOGY, OTOLOGY AND  
LARYNGOLOGY

- "Eye Affections in Congenital Syphilis".....  
 .....Dr. J. C. Solomon, Los Angeles  
 "Galvano-cautery in Catarrhal Deafness".....  
 .....Dr. H. W. Hunsaker, San Francisco

## PEDIATRICS

- "Give the Child a Chance".....  
 .....Dr. Ira A. Wheeler, Healdsburg  
 "Laryngeal Diphtheria".....  
 .....Dr. W. A. Harvey, San Francisco

PATHOLOGY, BACTERIOLOGY AND SERUM  
THERAPY

- "Why Not Use Vaccines and Serums?".....  
 .....Dr. Chas. Clark, San Francisco

## ELECTRO-THERAPEUTICS

- "Medical Electro-Therapeutics".....  
 .....Dr. M. E. Eastman, San Francisco  
 Title Unannounced.....Dr. E. C. Mercer, San Francisco  
 Title Unannounced.....Dr. W. M. Forster
-

## NEWS ITEMS

Dr. Laura Rauch has returned from a business trip to El Paso, Texas.

Dr. G. W. Harvey, Fillmore, writes that there is a good location in that place for a dentist.

Dr. O. C. Darling has returned from a six weeks' visit in San Francisco, and has gone to Riverside for a few weeks.

Dr. E. P. Bailey has removed from Los Angeles to Long Beach where he is doing well with his treatment rooms.

Dr. Lawrence Keegan was in Los Angeles last month enroute home after an extended visit in Southern California and Arizona.

Dr. W. P. Ferguson, Santa Ana, one of the staunchest friends of the Journal, suffered a light stroke of paralysis on May 2nd, but is much better now and is able to attend to his office practice.

Dr. H. V. Riewel, Oceanside, was in Los Angeles several times during the month of June. The doctor always makes the trip by automobile, the distance being ninety miles.

Dr. John R. Fearn, Oakland, son of the late Prof. John Fearn, has been touring Southern California as an incident of his visit to the Panama-California International Exposition.

Dr. H. V. Brown attended the meeting of the California State Board of Medical Examiners held in San Francisco the week of June 27th. Dr. Brown took a week's vacation during the early part of June.

Dr. C. N. Mosher, Santa Ana, writes that he likes his location very much and could easily locate six or eight bright up-to-date Eclectics in near-by towns if we will send him the applicants. Wish we had just one!

Dr. M. B. Ketchum, Los Angeles, is conducting the twelfth yearly session of the Los Angeles Medical School of Ophthalmology and Optometry. The doctor has been very successful with his school and is deserving of great credit for the work he has accomplished.

In the great Preparedness Parade held in Los Angeles on June 14th, there were more than two hundred marchers in the Physicians' and Surgeons' section. The doctors were well applauded by the spectators along the line of march.



A most enjoyable dinner was given on June 13th, 1916, at the Hotel Clark. There were present Drs. Cowperthwaite, H. C. Smith, Scudder, Shepherd, Cox, Joseph Kirkpatrick, O. C. Welbourn, Robert Campbell, Cleaver, Clinton Roath, F. W. West, Fullmer, Barndt, Manning, Low, C. S. Salisbury, Barnard, Citron and Baird.

Dr. W. E. Smith, of Whittier, has been a regular visitor at the Westlake Hospital on professional business.

Dr. J. P. Martin, of Reno, Nevada, was a pleasant caller at this office recently. Apparently the world is good to him.

With the advent of summer weather the new flower garden at The Westlake Hospital has proved to be quite an attraction for the patients.

Dr. H. Ford Scudder and Mrs. Tressa Wilmot Kenfield announce their marriage Saturday, June twenty-fourth. We take great pleasure in extending our most sincere good wishes to the happy couple. The honeymoon will be spent in San Diego.

Drs. H. T. Cox and H. C. Smith, with their families, comprise an automobile party which is touring the High Sierras. A visit to Yosemite is included in the itinerary. They expect to return about the middle of July.

Dr. W. M. Forster has changed his address from 2916 Otis St., Berkeley, to 12 Geary St., San Francisco, Cal.

**PARTNER WANTED:** Advanced Thought Center of Health and Education wants doctor, nurse or farmer to join in breeding goats; goats milk-cure; diet and rest. Home on 877 acres—\$6000 investment required. \$6756 net yearly income. Particulars 1336 W. Eleventh St., Los Angeles, Cal.

**FOR SALE:** Dr. D. A. Stevens, of Holtville, California, has a splendid location which he wishes to sell—as he has other plans. A doctor can make \$400 to \$500 per month from the very beginning, and Dr. Stevens will give any reasonable terms for quick sale.

**DIED:** June 27, Dr. Bertha Luse, wife of Dr. Wm. Carey Bailey. Burial in San Francisco. Dr. W. C. Bailey was a former member of the faculty of The California Eclectic Medical College. Mrs. Bailey was a graduate osteopath, but had not practiced since her marriage ten years ago.

### COD LIVER OIL FOR CHILDREN

Owing to its very acceptable character Cord. Ext. Ol. Morrhuæ Comp. (Hagee) is especially adapted for use as a reconstructive in children. Either as a tissue-maker in debilitated conditions resulting from impaired metabolism or consequent upon an acute illness, Cord. Ext. Ol. Morrhuæ Comp. (Hagee) will prove of marked advantage. Its therapeutic powers are added to by its palatability. It may be continued over long periods without causing gastric distress, nor does the hot weather make its use more difficult.

### MORE THAN A COINCIDENCE.

It was more than a coincidence that thousands of physicians stated in response to a recent inquiry that one of their most highly prized drugs was cactus. A few doctors might have so reported and the fact be attributed to personal prejudice, but when the same is vouchsafed by thousands of earnest practitioners, it must be believed that their verdict was based on actual observation and clinical experience.

There can be no doubt that Cactina Pillets fill a definite place in the management of cardiac disorders. No claim is made that these are to supersede the more powerful cardiac drugs, when these are properly indicated, but when it is desired to support and sustain the heart and strengthen and regulate its action, Cactina Pillets will not disappoint. Thus a great many physicians have grown to look on Cactina Pillets as one of the safest and most satisfactory cardiac tonics at their command. One to two Cactina Pillets every three or four hours will be found excellent—for example, for relieving the so-called “tobacco heart.”

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Original Contributions

## MEDICAL ELECTRO-THERAPEUTICS

M. E. Eastman, M. D., Weaverville, Calif.

Read before the California Eclectic Medical Society.

Electricity—What is it? The question has been and is now continually asked, and so far no definition has been formed that will intelligently answer the question.

Before the year 1800, the world's knowledge of electricity was confined to observations on the attraction of electrified pith-balls, and to a few facts in regard to electric sparks. Had it not been for lightning, no one could have felt respect for the feeble manifestations of an agency which was destined in less than one hundred years to change the channels of trade, to revolutionize methods of communication, and to light the great cities of the world.

There was another feeble force, too, of which the world in 1800 knew something—the force of magnetic attraction. This was useful in the magnetic compass; but it was judged to be insignificant in other respects and totally unrelated to the force of electrical attraction, which was manifested in the case of pith-balls, or to the forces of lightning.

The marvelous development of electricity which we have all seen seems to carry with it the presumption that we have a clearer knowledge of what electricity is than Benjamin Franklin; but this presumption is not entirely warranted. We certainly know its relation to other forms of motion, such as light, and heat, better than we did. We believe that it is a wave motion; but still we cannot fully explain the fundamental experiment of the attraction of two electrified pith-balls.

The first step which has led to our present knowledge of electricity was taken by Galvani, who, just before the last century dawned, demonstrated that electricity could be pro-

duced by the contact of metals and fluids. His experiments suggested to Volta in 1800 that of the electric battery. Here was a means by which an electric current could be produced, and Oersted showed with this current a connection between electricity and magnetism. The current in passing through a wire near a compass needle could change the reading of the needle, and the change depended upon the direction in which the current flowed. Oersted's discovery was made about 20 years after Volta constructed his battery. It was more than ten years after Oersted that Joseph Henry and Michael Faraday discovered another relationship between electricity and magnetism which involved the possibility of producing currents of electricity by the motion of a magnet. The world, however, did not realize in 1831 the importance of the steps taken by Henry and Faraday. Another ten years elapsed before the electric telegraph was a success. Then in 1861—thirty years from the date of the discovery of electro-magnetism—Paccinnoti invented the armature which Gramme improved, and we had the dynamo and electric motor. Again in a little more than ten years, the telephone came, and the mechanical engineers and the mechanic, thoroughly aroused to the possibilities in the practical employment of electricity, took hold with astonishing energy.

The treatment of disease by electricity dates back at least to the middle of the 18th century, about which time the electric spark and frictional electricity were employed for that purpose. In 1753 Franklin utilized shocks from Leyden jars (charged by electric machines) in the treatment of paralysis and other ailments. In 1775 the effects of the Franklin current (high potential static electricity) upon the human system was in some respects almost as well known as it is today.

The improvements in apparatus and methods of application in later-day practice have however made it possible to use static electricity with little or no inconvenience to the patient.

The currents used in therapeutics are commonly known as the galvanic, faradic, and franklinic, named respectively after Galvani, Faraday, and Franklin. These names refer to the prime source of the current. Thus the galvanic current is due to a primary or storage battery; the faradic current is derived from induction coils or from small magneto-electric machines with a rotating armature; the franklin current is developed by static electric machines (influence or frictional).

While we do not know what electricity is, we do know



some of the things it will do in its application of the different currents to the human organization. Electrification is an energy, or manifestation of the electric condition, and we know some of the laws governing electrification, and can, by following these laws, bring about certain manifestations of electrification, and get certain results.

Electricity in medicine plays an important part; it renders assistance in every department; in many ways it accomplishes better results and often cures where medical and surgical means have failed. While the public insists on having electrical treatment for the relief of their ailments, the medical profession often neglect it, because they are afraid to use it or do not comprehend its utility.

They do not seem to realize the fact, that in the hands of an expert who understands the construction of his machine, the use of poles and different currents, it has been made to allay pain and inflammation in almost every part of the body, to cure paralysis of every description, to do away with stricture of every sort, to remove tumors of a certain class, and to cure a host of special diseases that it would take too long to enumerate.

Now why are these facts not more generally known and admitted amongst medical men? Why are electro-theraputists looked upon with suspicion by many of the general practitioners and regarded as inefficient?

The reasons are many and obvious, but they can all be collected in a nut shell, and it is this: GENERAL IGNORANCE of the methods of the application of electricity as a therapeutic agent.

The intelligent use of electro-therapeutics is just as much needed and wanted by the patient as is the electric current for our household use and public highways, and it is a crime for any physician to attempt to treat a patient along this line without first having mastered the technique of treatment of the several electric currents.

To be successful in the practice of electro-therapeutics one must thoroughly understand:

The difference in mechanism, principle and effect between the faradic, galvanic and static currents.

How to effect the circulation and nutrition of any organ or tissue.

How best to secure mechanical effects through muscular contraction.

How to produce a condition of anemia or hyperaemia.

How to stimulate paralyzed nerves and how to produce a sedative effect upon the nervous system.

How to stimulate the absorbents and promote the process of waste and repair.

What the chemical effects of the galvanic current and how to use them.

How to secure a constitutional, tonic, stimulating effect by general treatment.

It is also necessary in using the faradic current to know:

What the advantages are of a large coil over a small one.

What the difference in effect is between the primary and secondary coil.

What the advantages are of the third coil, or the current of high tension.

Where to use the faradic current in preference to the galvanic or static and how to properly apply it. What strength of current to use and how to regulate it. How to renew the elements of the battery when they are exhausted and how to keep the battery in working order.

In using the galvanic current it is necessary to know the advantages of this current over the faradic or static, how to regulate the amount or strength of current being used, and the strength of current advisable for the various organs or tissues, or for various diseased conditions. Which is the sedative and which is the stimulating pole.

In using the static current it is necessary to know the great difference in current strength and pressure, the general penetrating effect, and the entire absence of chemical properties, and the various methods of applying this form of electricity, and to know when this form of treatment is preferable to the galvanic or faradic.

It is of vital importance to know and to be able to recognize at once which current is indicated and what battery to select, and to know the value and dangers of the various commercial currents in therapeutics to prevent embarrassing if not fatal results.

Until the physician has a thorough understanding of the foregoing points and knows how to apply his knowledge in a practical way in the treatment of the various diseases he need not expect good results in the practice of electrotherapeutics.

**PERSONAL EXPERIENCE WITH DRY DIET****Herbert T. Webster, M. D., Oakland, Cal.**

The writer begs the reader not to imagine that the following lines are intended as an autobiography. He is aware that the world is little interested in so obscure an individual. However, illumination of the subject under consideration requires, in this instance, explanatory notes, which will call for considerable personal history, and the first person singular will be employed, for the sake of brevity and directness. Indeed, these articles are not intended as a classical endeavor, in any sense.

In 1902, I found my general health gradually failing, without any apparent adequate cause. Constipation, "biliousness," fugitive pains, frequent chilliness, with backache, headache, lassitude and insomnia, were almost daily symptoms. I ascribed the condition to an old malaria, dating back for twenty odd years. My complexion was muddy, with brown stains upon various parts of the face and body. I did not consider myself sick, for I was able to attend to business, though I did not feel well; and I was losing weight. Medicine did me little more than temporary good. The best resort seemed to be a weekly steam bath, in a cabinet, followed by a tub salt-water dip.

In 1903 I decided that the constant, cool, damp air of the bay region was the cause, in great measure, of my disability, and bought a few acres of fruit orchard in the San Ramon valley, built a home there, and arranged to commute to my Oakland office. There, the air is hot and dry in summer, a radical change from the atmosphere of the bay district. Another incentive for the change was, that I believed I needed physical exercise, and believed I would find it congenial and beneficial to labor part of the time, in the open. I was comparatively strong physically, and found I could do as much work about the new home as any one I could hire, and found enjoyment in so doing; therefore, I did considerable improving, evenings and home days, which were two out of the week.

The summer of 1904 found me still rather on the decline, though I did not greatly realize it. However, it was evident that the change had not been markedly beneficial. All my old ailments persisted, though I still hoped that time would yet improve my condition, under the new environment. The summer dragged through, but on the second day of September, while undertaking quite an arduous

task, that of removing a number of sacks of wheat, destined for chicken-feed, from the railroad depot, across the street, to the barn, with a wheelbarrow, a task which occupied an entire afternoon, I suffered from a splitting headache, which I ascribed to the excessively hot weather, though there was evidently considerable fever with it. Dizziness soon came on, and also a severe pain in the back; but I had never yet given up to trifles, and continued the task until it was completed.

I went to bed, to remain awake until almost morning; and though unable to eat any breakfast, took an early train in the morning for the city, to attend office hours. I managed to get through these, but was too sick to go out for luncheon or dinner. When time came to take train for home, I was too exhausted to make the attempt, and bunked on the office lounge, in my clothes, too indifferent to seek a bed. The night was a bad one for me, and I began to realize that something was on me not easily thrown off. I was semi-delirious in the morning, but had a realization that my wife called me to the telephone to enquire why I had not been home the previous night. The next thing I knew was that she was with me, and had called my old friend, Dr. Fearn, to see me. The following few weeks were partly realization and partly dream. I was removed to a boarding house and lay upon a sick bed, suffering greatly with a high fever and excruciating pain in the lumbar region. The doctor employed an expert urinary analyst to examine the urine, and the diazo-reaction suggested typhoid fever. The temperature, stupor, and semi-delirium some of the time rather carried this idea out, and I was supposed, for several weeks, to be suffering from that condition. However, one evening, while my wife, who nursed me, was in the dining room, I desired to urinate, thought it would be a good idea to be independent, and got out of bed to wait upon myself. As soon as I stood up everything became black, and the next thing I knew I was in bed being fussed over by my wife, with the doctor in the room. It seems that I had fainted and fallen on the floor, where I was soon after found. I was then not expected to live until morning. All this time I had suffered excruciating pain in the region of the kidneys, but now it was relieved.

The following morning, the doctor came in, and informed me that he had "found the nigger in the wood-pile." The urine had again been analyzed, and it was found to be full of pus. I had been suffering from abscess of the kidneys or



kidney, which had probably discharged at time of syncope. All this time the temperature had been and continued to be, from 104° to 105° F. The purulent discharge, or something else, now began to cause a great deal of vesical irritation, and I was distressed with a constant tenesmus, and excruciating pain on attempt at micturition, blood usually passing with the urine. This lasted for several weeks, and was a torment I can never forget. Hectic fever was now marked; and a chilling, drenching sweat took hold of me about two o'clock each morning, so saturating the bedding that water could be wrung from it. At such times it was impossible to get me warm by any means. The doctor treated me as well as any medical doctor possibly could; was kind and attentive, calling on me several times a day, and both wife and I were satisfied that the best possible was being done. Besides, several of the best physicians were called in consultation, at various times. Meantime, repeated urinary analysis showed that the kidney or kidneys was or were breaking down. Every specimen contained tube-casts, blood-cells, albumin, and a great amount of pus. The consensus of opinion was, that I was a "goner," and was rapidly slipping down into the "Valley." My wife was informed of the hopelessness of my case, and I was finally told that nothing remained for me except surgical drainage.

At this juncture, I thought of Dr. Weber, and his dry diet treatment. I had now been ill between two and three months, and had all the time been running down, though through it all there was a craving appetite. My attending physicians were hopeless, and glad to turn the case over, so I sent for the dry diet physician. He recognized my case as a serious one, and was cautious about promising too much, though he was hopeful. He applied a water pack over the kidneys, and put me on his improved dry diet. This I will not now describe, for a description will appear later. Within less than a week the chilling sweats vanished, and the urinary distress was gone. I was fairly comfortable, with the exception of quite a thirst, dry mouth and throat, and gastric discomfort after eating. My tongue became more loaded, and heavy deposits were thrown down in the urine. The bowels had been moved with saline cathartics every day or two while under medical treatment, but on dry diet they became dormant. Dr. Weber was very anxious about the condition of the bowels, and was much pleased to learn that they remained closed. He informed me, after a week or so, that this fact was a promising one, for in those

cases in which the bowels continued to move regularly after treatment had begun, prognosis was bad.

The bowels went three weeks without movement; and the process, at that time, was a reminder to me of some of the difficult cases of parturition I had attended in former time. However, he would hear to no physic or enemata, so I became a martyr to the requirements of the case. Another movement occurred two weeks later, and this time with greater facility; and ten days later another; and so on, until the building-up treatment was marked by daily evacuation, which has since been the rule, without the aid of cathartics. The doctor ordered tumblers placed on a shelf in the bathroom, and into one of these each consecutive urinary evacuation was put. These were allowed to stand a couple of days or more, until thoroughly settled. Along at first, a tumbler would contain two-thirds of the bulk of urine of sediment. I crawled to the place occasionally, and "took a look." The early evacuations were clearly tinged with blood, and the appearance of pus seemed unmistakable, and also a large amount of what was probably urates, phosphates, and oxalates. Little improvement in the appearance occurred for several weeks, except that the reddish tinge, probably occasioned by blood, soon passed away. Indeed, more sediment than less, was the rule, for a time.

The doctor paid no attention to ordinary methods of diagnosis. I knew, as the chills and night sweats had vanished, that my fever must be getting less, but he told me he was not concerned about the fever. My wife, who had had some hospital experience, was interested in that, however, and used the thermometer frequently. In something more than a month, five or six weeks possibly, the temperature became normal.

During this treatment I often thought of a hibernating bear. I lay in bed, in a warm room the most of the time, and slept a great deal, day and night. To keep warm was the greatest trouble, even with plenty of bedding and woolen night-dress. The rapid pulse that had been so constant for a long time, fell to about sixty per minute. The skin was cool and dry, not clammy. A heavy knitted woolen night-gown reached below the feet, and a hot water bag felt good there. My wife bought heavy woolen stockings which reached to the groin, and these added to my comfort.

It is true that I suffered much discomfort from thirst for a long time, but I outdid the wishes of even Dr. Weber in denying myself of drink. I felt as though I was crawling

out of the grave, and must make every endeavor. Had I listened to advice from most quarters, I would have given up. Grandma A., an old and respected neighbor and intimate friend, would come across the street, enter my room, sit down, look at me mournfully and solemnly for a few seconds and remark: "Quit it, Doc., for God's sake quit it. It's going to kill you." This was the kind of advice I often had, even from some of my medical friends. Probably I appeared as bad as possible, for I was a wreck before entering on the diet treatment. Indeed I know, for I occasionally looked into a mirror, that an Egyptian mummy was hardly a worse dried-up specimen for observation.

Dr. Weber visited me on an average of three times a week, and his first move, on entering the house was a trip to the bathroom, to inspect the urine. Afterward, he would visit his patient. Time dragged on, and improvement became evident. I now suffered no urinary discomfort, had no night sweats, no fever, no headache or backache, except a constrictive sensation about the kidneys, at times; nothing very unpleasant except thirst, and this was becoming less teasing. Finally, about the thirteenth or fourteenth week, the urinary sediment, which had been gradually lessening the last month, entirely disappeared, and the urine appeared clear and normal, with a little cloud of floating mucus.

I was aware of this before Dr. Weber, for it occurred between his visits. On his next call, I heard him enter the house and go to the bath room; and waited in expectancy. He at last came into my room, stood over me, looked at me sternly and solemnly, as though about to pronounce a sentence, and said: "Well, you are now cured." "Then I think it about time I had one good drink," I remarked. "All right! You may begin tomorrow afternoon, at two o'clock, and every half hour until five, drink a whisky tumbler of half and half of Burgundy wine and water, taking it slowly, with a teaspoon."

The program was carried out faithfully, and never in my life did I experience so much bliss in so short a time. My wife went to market, after installing me in a chair with the water and wine on a table beside me, but returned in time to help me to bed; and I needed help, for my system had been depleted until that kind of drink reached the spot with celerity. I literally **fell** into my nest, and into a dreamless slumber, from which I did not awake until the following morning, to find myself feeling refreshed and invigorated. I have been a well man ever since, though I was a year re-



covering full flesh and strength; and no wonder, for I had been frightfully prostrated before undergoing this treatment. Of course, I followed a period of building-up treatment for a couple of months.

Some time a year afterward I visited the analyst who examined the urine during the early part of my illness to have some analysis made for a patient. The specialist was a lady physician. When I introduced myself she gazed at me long and earnestly, and said: "Doctor, how in the world did you get well? I analyzed the urine in your case several times, and well remember remarking, the last time, that that subject could not possibly live another month." My cure has always been a matter of astonishment to those of the profession who were intimate with the case. Before his death, Dr. Fearn, many times, while in conversation with me, would break in with the exclamation: "When I look at you I am always struck with wonder at seeing you alive and in such good health, knowing what you have been through."

I have pondered on my case many times, and wondered as to its true character. The suppuration presumably occurred in both kidneys, for during the early weeks of illness, before discharge of pus, my wife frequently noticed the outlines of both kidneys, pictured in the skin, over the lumbar region, in dusky red color, especially when she was rubbing the surface, and she did this frequently, for the relief of pain. It was a peculiar symptom, and she called the attention of my physicians to it. Both kidneys being thus defined, suggests that both were affected. The purulency could not have been traumatic in origin, for no history warrants such a supposition. My gradual failure in health for many months suggested some constitutional trouble behind the final outbreak.

My father died with what his attending physician, Dr. Hall, who had previously been a prominent member of the faculty of a Homeopathic medical college in Chicago, called pulmonary tuberculosis. My father had already lost a brother and sister with that complaint. He was the eldest of a family of five, and outlived all the others, though he died at the age of fifty-one, in an attack of pulmonary hemorrhage, in 1870.

I asked the analyst if she found any tubercle bacilli in the specimens of my urine she examined. She informed me that it is very difficult if not impossible, to detect them in the urine at any time. I can account for my sickness in no



other way than that it was a case of tuberculosis of the kidneys.

In 1907, while on a visit in Cleveland, Ohio, I submitted a sample of urine for examination to my nephew, who is an accomplished urinary analyst and microscopist, and who was in possession of a complete outfit of the most modern character, and he pronounced it free from all abnormal element. I have not had reason to suppose any change has since taken place.

In another article, I shall recount further experience with this method of treatment.

Note.—The technique of this mode of treatment will appear in a contemporary number of Ellingwood's Therapeutist.

## EYE AFFECTION IN CONGENITAL SYPHILIS.

J. C. Solomon, M. D., Los Angeles.

Read Before the California Eclectic Medical Society.

Since Hutchinson drew attention to his famous triad of interstitial keratitis, deafness and half-mooned pegged teeth, as pathognomonic of congenital syphilis, the relation of eye affections and congenital syphilis has remained prominently before us. It is the purpose of this paper to review the conditions of a pathological nature that may be the result of syphilis acquired before birth, and to point out the importance of these findings to the individual and to his family.

It is difficult to reckon the frequency of eye lesions in this disease as too often the condition is unrecognized by the general practitioner or the syphilographer, that is ophthalmological examinations are not made as a routine, and unless the symptoms are gross the eye condition may be left without consideration. Still, states that out of 100 consecutive cases of congenital syphilitics below the age of twelve 23% showed syphilitic disease of the eye, while the figure would probably have been higher had all the cases been subjected to ophthalmologic examination. The age at which the condition may first make its appearance is very various. It may occur a few days or weeks after birth, or not until adult age is reached.

The conditions most frequently met with may be briefly enumerated. Of greatest importance must be mentioned interstitial keratitis. This does not mean that every case of parenchymatous keratitis spells congenital syphilis, but it is

very suggestive and merits the greatest suspicion and investigation. Blepharitis and eczema of the lids may be another manifestation, generally accompanying other skin lesions. Iritis is another very common occurrence, and as a result of the synechiae thus formed the pupil may remain unequal for the rest of life. The media itself may be affected. Vitreous opacities are not infrequent and may go to a considerable degree. Cataracts are less characteristic and less common, but do occur as manifestations of this disease. Colobomata are rare and not necessarily of syphilitic origin. Choroiditis and retino-choroiditis in childhood as a general rule spell congenital syphilis. These conditions may be very early in their manifestations if not present at the time of birth. As a result of this condition a nystagmus may be produced.

Primary optic atrophy may result occasionally from other conditions, but it may be taken for a working principle that when present it means that the patient is a victim of syphilis in his forbears. Likewise paralysis of the ocular muscles may cause strabismus, but due to the great frequency of strabismus from other etiology, this offers very little of diagnostic importance.

Conditions due to aplasia and agenesis may also refer directly to this disease. Thus there may be microphthalmia, there may be aplasia of the visual area of the cortex with a resulting blindness that shows no evidence of peripheral disease. Choked disc may be caused by cerebral gumma. Anomalies of the pupillary reflexes, as Argyll-Robertson pupil may be found in Juvenile paresis and Juvenile tabes.

It is not our purpose to take up the symptomatology of these conditions. The symptoms are probably well known to you or can be found in any text book on the subject. Rather would we consider the significance of these conditions from the standpoint of etiology and the meaning to the life and happiness of the individual and the family. The etiological factor in all the syphilitic conditions is the same as *Treponema pallidum*. Just as in paresis, where for a considerable time the tendency to recognize this as the etiological factor directly in the causation of the disease was hindered by the inability to demonstrate the organism in the tissue, so the inability to find the organism in the cornea in cases of keratitis, or in the optic nerve in cases of optic atrophy entered to cloud the issue. Enough evidence, however, has now been accumulated to overcome this objection. It is difficult to find the organism in gummatous lesions, so is it very

seldom possible to do so in these conditions, still occasionally the treponema has been demonstrated microscopically in the cornea, and inoculation experiments are very successful.

With the inception then that in dealing with an eye lesion due to congenital syphilis we are dealing essentially and primarily with a treponematosis, our whole attitude must be influenced. The case no longer remains a condition of the eye, it takes on the broader view of a generalized infection. It first becomes necessary then to substantiate our suspicion that the condition really spells a general syphilitic disease. In cases where the other manifestations of congenital syphilis are marked, this of course offers no trouble. That is where there is the Hutchinsonian triad, or very distinctive family history of abortions, miscarriages and still births, or where the parent admits infection the decision is comparatively easy of recognition. In other cases we must have recourse to a Wassermann test of the serum.

This also has a great effect on the method of treatment, with the recognition that the patient is not suffering merely from an eye condition, but instead from a generalized infection, the treatment goes over from a merely local one to a combined general and local. There are two matters to consider in this treatment. First the effect of this general treatment on the eye condition and second the effect generally on the patient. Unfortunately general antisyphilitic treatment does not have very great effect on most eye conditions. Many ophthalmologists doubt if such treatment does anything for interstitial keratitis. As a result experimentation has gone as far as injecting salvarsan into the eye itself. Yet ophthalmologists and syphilographers feel that general antisyphilitic treatment has a beneficial effect, and certainly there can be no difference of opinion in regard to the general health of the patient demanding this form of treatment.

In a certain number of the cases we are dealing with a severe form of disease. Thus cases of optic atrophy mean as a rule optic tabes, and one may find on investigation of such cases that the cerebrospinal fluids present the findings as in the acquired tabes dorsalis. Obviously treatment has the same value in these cases as in the acquired type, that is very little if any good result is to be expected.

The chief point is then that the recognition of these eye conditions by the ophthalmologist leads to the diagnosis of congenital syphilis, and having confirmed this diagnosis it means that steps should be taken to alleviate and treat

the general disease. And there is still another situation to be considered. Knowing that the patient is a congenital syphilitic means in the majority of instances that his brothers and sisters are likewise afflicted, and that they also require antisiphilitic treatment. And how about the children still to be born? Often all our efforts are directed toward attempting to in some way improve the vision of a mentally defective syphilitic who has at the best but a short span of life ahead, while we forget to take steps to help put the parents in a condition to give birth to normal children, by getting them to undergo antisiphilitic treatment. This may not be in the narrow sense of the word, ophthalmology, but in the great sense of service of medicine it redounds to the credit of the ophthalmologist who on account of his special training is able to make the diagnosis of congenital syphilis and apply the values of this diagnosis broadly in the cure and prevention of the conditions, both local and congenital.

## HEADACHES

Herbert T. Cox, M. D., Los Angeles.

It is true that headache, with but a very few exceptions, is a symptom; but as it is often the main and sometimes the only symptom which causes the patient to consult a physician, it is of sufficient importance to be worthy of close study. Symptoms and physical signs are the facts which the physician must study and use in his analysis when diagnosing a given case, and often a minor symptom turns his reasoning in the right direction. I think if we were all perfectly acquainted with all the causes of the various symptoms and signs of disease that fewer mistakes would be made and the difficulty of diagnosis greatly lessened. Headache is a symptom which concerns all practitioners, not only the general practitioner, but all of the specialists from the Eye and Throat man to the Abdominal and Pelvic Surgeon; and perhaps also the Christian Scientist when some of his flock are in error.

It will be impossible in this article to cover all the causes of headache, but we will endeavor to broadly classify them into as few and convenient groups as possible. Treatment mentioned will be brief and may be greatly enlarged upon as the indications may suggest remedies.

1. Headaches of childhood are often due to eye-strain, presence of intestinal parasites, faulty position in school, be-



ginning of infectious diseases, cold, or adolescence. Less frequently they may be due to causes mentioned in some of the following classifications. Correct cause or treat the disorder.

2. Headaches due to disorders of the special sense organs. Ocular, nasal, aural or dental cause. These (if severe conditions) demand the attention of the specialist. (a) Ocular may be due to: eye-strain;—pain in the ocular muscles, lids, conjunctiva or pain behind the eyes and blurred vision after prolonged use of eyes for near work, often painful area of scalp. Rest and atropine relieve. Conjunctivitis;—reddened eyes with burning pain, often radiating toward temples. Antiseptic solutions and applications locally. Hygienic and constitutional treatment. Iritis;—sharp, deep-seated eye pain, headache or neuralgic pain radiating from forehead to the vertex and to the temporal area, usually paroxysmal and severest toward night, sluggish often irregular pupil; discolored iris and pericorneal injection. Mydriatics unless contra-indicated, local applications and constitutional treatment often for luetic rheumatic, gouty or tubercular condition. Glaucoma;—sharp, shooting, constant pain in eye and head, with focus in eyeball radiating to forehead and temple of same side, often nausea, vomiting and extreme general depression. Treatment, iridectomy, enucleation, eserine instillations.

(b) Nasal causes are: rhinitis;—dull persistent, throbbing frontal or occipital headache. Burning or full feeling in nose increasing in intensity. Malaise and fever, and often "nasal twang" to speech. Treatment; belladonna or atropine, sticta, euphrasia, aconite or gelsemium. Locally alkaline douches and camphor-menthol sprays. Nasal stenosis or growths;—naso-frontal or mid-orbital often persistent pain. "Nasal twang" to speech, impaired nasal respiration and often offensive discharge. Treatment: surgical. Frontal sinusitis;—local and frontal persistent pain, dull or sharp and neuralgic. One or both sides, coughing, inclining head downward, blowing nose increases pain. Escape of mucous relieves. Tenderness over supro-orbital plate and nasal side of orbit with sometimes swelling or odema. Treatment: gelsemium, pulsatillae, hydrastis, ammonium chlorid and bromid, local sprays or glycerine tampons. Surgically drainage.

(c) Aural causes are: obstruction of eustachian tube, impacted cerumen, middle or internal ear disease. Pain is referred to Hyoid area with sometimes hyperaesthesia of skin or mucous membrane. The more severe pains are re-

ferred to the temporal and vertical areas. Treat according to cause.

(d) Dental caries or impacted molar tooth. Causes headache of neuralgic type. Tenderness and pain referred to segmental areas of face corresponding to tooth affected. If molars affected often stiffness or swelling in neck. Treatment is removal of cause. Gelsemium, acetanilid, camphor monobromate to relieve.

3. Those caused by increased intra-cranial pressure, due generally to one of the four following causes. (a) Tumors;—gummae; slow development, persistent, continuous and sometimes excruciating or boring. Often worse at night, or when in recumbent position, or when coughing. May be local tenderness; often choked disc, generally vertigo, vomiting, insomnia and mental disturbances, sometimes convulsions. Focal symptoms depending upon the location of the tumor. Treatment; specific treatment, mercury and iodides, if no improvement, then operative procedures as indicated and palliative medical treatment. Intra-cranial Aneurism being a vascular tumor, produces practically the same symptoms. Treatment; Remedies which lower blood-pressure, potassium iodid, nitrites, veratrum.

(b) Abscess;—severe and persistent localized pain, with exacerbations on slightest movement, fever, chills, vertigo, vomiting of cerebral type and focal symptoms, history of injury or some focus of infection. Treatment; prompt surgical intervention by trephining.

(c) Traumatism of the head;—pain generally circumscribed and corresponds to area injured, or on opposite side of head; history, scalp tenderness, bleeding from orifices. Treatment;—rest, combat shock, allay inflammation of meninges, surgical intervention when indicated.

(d) Hydrocephalus;—simple acute, severe headache giving rise to "hydrocephalic cry," enlarged rounded head, spasticity or convulsions. Acute convulsive and comatose varieties;—headache may be first symptom. Evidences of Bright's Disease, general dropsy or sudden effusion. Congenital and chronic form;—headache moderate or absent, increased size of head in an emaciated child, face devoid of expression, prominent eyes. Treatment; treat underlying disease or condition if known. Diuretics, potassium, iodid, apocynum, jaborandi, aspiration. Cerebral embolism, Thrombosis and Hemorrhage are accompanied by headaches often, but on account of the more prominent symptoms need not be discussed.

4. Meningitis;—continuous, assumes an unusually severe character, burning, lancinating increased by slightest motion or noise near patient, fever, cerebral vomiting, photophobia, rapid onset in acute cases, passes into stupor and coma. Shrieks during sleep. Treatment; quiet, ice-bag to head, general elimination, aconite, gelsemium, belladonna, echniacea, hyoscyamus, passiflora.

5. Toxemic headaches are usually frontal, dull and quite severe, and are due to some cause under one of the following three heads. (a) Infectious diseases, typhoid, pneumonia, measles, etc. (b) Perverted metabolism such as diabetes, gout, nephritis, gastro-intestinal torpor, etc., the more prominent of which we shall discuss briefly. (c) Intoxications or poisons such as lead, alcohol, opium, carbon dioxid gas, etc.

(a) Headache due to an infectious disease may be one of the first symptoms to appear, and although a minor symptom may direct our attention to other symptoms which very plainly give us our diagnosis. Treatment;—is that for the particular disease causing it, and elimination. Sometimes special medication to relieve the headache is necessary.

(b) Headaches due to perverted metabolism are similar, but certain little differences may enable us to locate the cause.

Diabetes;—dull or violent neuralgic, patient weak and languid, glycosuria, polydipsia. Treatment; dietetic, hygienic, codein, Fowler's solution, jambul, iris, chionanthus, digestives, bromids, passiflora, valerian for headache and nervousness.

Gout and chronic rheumatism;—continuous hot, burning, sharp pains, affected by changes in weather, tenderness of scalp or skull muscles. Often occipital or frontal region. Treatment;—salicylates, ammonium, bromid, ammonium chlorid, potassium, iodid, colchicum, bryoni rhamnus Californicus, macrotys, gelsemium, cathartics and diuretics.

Uremia;—dull, severe, bursting, frontal, temporal or occipital, vertigo, nausea, vomiting, drowsiness, albuminuria. Treatment; pilocarpin, nitroglycerin, salt solution, saline cathartic, cardiac stimulants, hot packs.

Gastro-intestinal torpor including constipation, sluggish liver and biliousness;—persistent, confused lower frontal. Pulse slow, may be full or feeble, coated full tongue, foul breath, may be nausea. If acute indigestion headache may be pulsating and throbbing and pulse rapid. Treatment; emetics when indicated, small doses of bromid, caffein or



salicylates to relieve headache, magnesium sulphate, sodium sulphate or phosphate, podophyllum, iris, cascara, leptandra, chionanthus, nux, hydrastis. Apply laws of hygiene and correct diet.

Nephritis;—frontal or occipital, with transient blindness or vertigo, digestive disturbances, anemia, dyspnea and dropsy in late stages. Treatment; rest and diet, elimination or diaphoretics, diuretics and saline cathartics, nitroglycerine, strophanthus, arbutin, intestinal antiseptics.

(c) Under intoxications we have many substances or drugs that might cause headache, but we will mention only a few of the more common. Lead; vertigo, insomnia, colic with constipation, tremors, wrist drop, blue lines on gums, anaemia. Treatment; magnesium, sulphate, potassium iodid, strychnine pushed to physiological effect, warm baths.

Chronic alcoholism;—persistent with tremors, digestive disturbances. Treatment; withdrawal of poison, bromids, sulphonal and trional, hyoscyamus, nutritious diet.

Carbon dioxide gas;—heaviness, anemia, vertigo, common in crowded rooms.

Carbon monoxid gas;—severe headache, weakness or languor, nausea, maybe a dry cough. Treatment for both gases; fresh air, oxygen, stimulants for circulation and respiration.

Abuse of tobacco;—violent, bursting, persistent headache, clammy skin, dilated pupils, feeling of wretchedness. Treatment; elimination, stimulants for heart and circulation. Correction of the abuse: If acute poisoning, evacuate stomach, horizontal position and stimulants.

Chronic copper poisoning, arsenism, opium habit, chloral habit, iodism, excessive coffee or tea drinking and drugs too numerous to mention may occasionally be the cause.

6. Hyperemic headaches are of two classes, (a) active, and (b) passive.

(a) Active hyperemic;—throbbing, pulsating, frontal or diffuse; increased by exertion, mental effort or lowering of head; vertigo, wakefulness, feeling of fulness and tightness, often flushed face, injected eyes, throbbing temporal or carotid arteries. May be caused by excitement or prolonged physical or mental efforts, colds, indigestion reflex, suppressed menstruation, plethora, sunstroke, cardiac hypertrophy, acute alcoholism, acute mania, exophthalmic goitre or drugs. Treatment; ascertain cause and remove if possible. Special treatment according to cause. General treatment to relieve headache. Cold applications to head, hot



foot or sitz-baths. Turkish baths, bromids, gelsemium, ergot, chloral, passiflora, camphor monobromate, auto-condensation if increased arterial tension. Quiet and exclusion of bright light.

(b) Passive hyperemic;—dull, heavy, frontal or diffuse, increased by lowering head. Stupor; mild delirium; cough or cyanosis. May be caused by mitral regurgitation, constriction of veins of neck by tight clothing or tumor, respiratory disorders, certain postures or vasomotor insufficiency due to arteriosclerosis, nephritis, chronic toxic conditions, etc. Treatment; ascertain cause and treat accordingly. In a general way belladonna, aromatic spirits of ammonia, caffeine and salines are useful.

7. Anemic headache;—dull and band-like feeling about forehead and eyes, relieved by lowering head or recumbent position. Exertion increases day-drowsiness, pale face, sclera bluish. Treatment; search for cause of anemia and treat; it may be a primary anemia, such as chlorosis, leukemia, Hodgkin's disease, splenic anemia or pernicious anemia and hard to treat; or it may be due to a secondary cause, such as one of the following: hemorrhage, malaria, malignant disease, chronic suppuration, chronic glomerulo-nephritis, cirrhosis of the liver, chronic dysentery, intestinal parasites and poisons. General treatment consists of: rich and nutritious diet, rest, tonics for appetite and digestion. Blaud pill, iron compounds, and general tonics, belladonna, glonoïn, nux and capsicum as indicated.

8. Syphilitic headache; dull, deep, steady mostly nocturnal, diffuse or occipital. Clinical evidences of syphilis. Positive Wassermann or Leutin, improvement under mercury and iodids. Treatment; specific for syphilis.

9. Pelvic reflex headaches; reflex from uterine displacement, congestion of viscera, ovarian disease, or menopause. Headache is dull, often worst in morning, occurs at top of head or radiating toward the occiput, more or less steady. Increased by nervous excitation. Often pain or tenderness in back and "weak back." Treat local conditions as indicated. If menstrual; avena, pulsatilla, passiflora. If menopause, cannabis, passiflora, viburnum, cactus and bromids.

10. Headache of hysteria;—pain at vertex, of boring character, increased by emotion and suggestion, sometimes like a nail, "clavus," hysterical stigmata. Treatment; nerve sedatives, valerian, valerianates, bromids, scutellaria, cypripedium, monobromated camphor, lobelia, tonics, good food,

suggestion, change of surroundings, special attention to bowels.

11. Neurasthenic headache continuous pressure or constriction, sensation of tight iron band or as if hat were on head. Usually diffuse, also often accompanied by sensation of emptiness, heat or fullness. These sensations may alternate with the headache. Begins in the morning, wearing off toward evening. Individual is tired all over, all the time. Worry a strong predisposing factor. Treatment; tonic treatment and physical exercise; reduce mental work and worry. Glycero-phosphates, strychnia, phosphates, increase nucleoproteins. Nitroglycerine for headache if anemic. Hematinics. Treatment with vacuum electrode, static breeze or auto-condensation as indicated by blood-pressure.

12. Migraine, "nervous" or sick headache occurs in paroxysms lasting a day or more and confined principally to one side of head. Pain begins of morning when patient awakes, first dull, but gradually increases as the day advances and becomes tearing or boring. Noise and motion aggravate it. Often vomiting, sweating, polyuria, coldness of extremities, paresthesiae. Generally more or less digestive disturbance. Occurs with women more often than men. Treatment; relief of attack. Never give morphia. Acetanilid compound or ammonium bromid for a few doses. Aspirin, aromatic spirits of ammonia, cannabis, iris, magnesium oxid or carbonate. A good prescription is acetanilid, camphor monobromate and caffeine of each one grain at a dose. Also a combination of acetanilid, sodium salicylate, ammonium bromid, caffeine and charcoal in small dosage. At the same time give the indicated liver remedy and saline cathartics. Rest in bed in a darkened room, hot foot baths, ice-bag to forehead or hot-water bottle to occiput often relieve. Mild galvanic current to head or static breeze often good also. Treatment between attacks must be thorough and vigorous. Regulate diet, very little starches, stimulants, pastry, etc. For drinks plain water or carbonated waters. Daily exercise out of doors. Long hours of sleep. Quiet life, away from excitement. Hydrotherapy and massage useful. Saline purgatives, first twice per week, later once per week for a long period. Stomachic tonics and digestives as indicated.

Many causes of headache may not have been mentioned, but most of those overlooked may be classified under one of the twelve heads above. In conclusion I would like to quote regarding headache from Herbert Morley Fletcher of London. "Too often, unfortunately, treatment of a headache

precedes a careful investigation as to its cause, and an increased risk may be hereby incurred by the patient through delay in recognizing one of its more serious causes. The explanation of the mode of production of pain known as headache is not easy, seeing that the brain substance itself is insensible to mechanical stimulation. The meninges are supplied with sensory nerves, and abnormal stimuli received therefrom reach the cortex and give rise to the impression of pain. Abnormal states of the intra-cranial blood-vessels may cause pain, which is more difficult of explanation, as it is uncertain that they have any sensory nerve-supply. It seems probable that the headache produced by increased vascular tension is a pressure effect acting on the brain as a whole, or on its coverings."

## **CALIFORNIA STATE BOARD EXAMINATIONS**

(Continued from July issue)

### **HOMEOPATHIC MATERIA MEDICA, THERAPEUTICS, PHARMACOLOGY AND PRESCRIPTION WRITING**

**Robert A. Campbell, M. D.**

1 to 3:30 p. m., April 6, 1916.

(For Physician and Surgeon Applicants.)

1. What remedy would you give for the following:
  - (a) Sick headache, pain beginning in occiput, spreads upward and settles over right eye.
  - (b) Sharp stitching pain in the chest, worse from motion, delirious with the affairs of the day; constant feeling as though he were sinking down in bed; mouth dry and drinks quantities of water.
2. Give the indications for three remedies useful in hemorrhage.
3. Name two drugs which will make the urine acid, two which will make it alkaline, and give the dose of each.
4. Give a proving of mercurius corrosivus.
5. Name four remedies indicated in lobar pneumonia, with the indications for each.
6. Discuss lachesis.
7. Differentiate between belladonna and rhus tox in erysipelas.
8. Describe the characteristic tongue of rhus tox, belladonna and mercurius.
9. How would you treat a case of diphtheria?

10. What is apomorphine? Give dosage indications and mode of administration and action.
11. What is the physiological action of ergotin, glonoin, adrenalin and pituitrin?
12. Give full treatment of a case of la grippe and indications for three remedies.

(Answer ten questions only.)

### ECLECTIC MATERIA MEDICA, THERAPEUTICS, PHARMACOLOGY AND PRESCRIPTION WRITING

H. V. Brown, M. D.

1 to 3:30 p. m., April 6, 1916.

(For Physician and Surgeon Applicants Only.)

1. What are alkaloids? Give four examples, with dosage of each.
2. Name four agents used to induce sleep in the absence of pain. Give pharmacology of one of those named.
3. Discuss uses of asafœtida.
4. What are the therapeutical indications of apis mellifica?
5. Write a prescription for a case of pertussis.
6. Prescribe for following described condition: Thick, pasty-coated tongue; dyspnœa on exertion, and feeling of oppression in chest; pallor of skin; urine scanty with some albumen.
7. What is an herb?
8. Name three important remedies used in obstetrics and give specific uses.
9. Give local treatment of case of gonorrhœa in female.
10. What precautions are necessary in giving thyroid extract in diseases of the thyroid gland?
11. What are the indications for hydrochloric acid per mouth? Give preparation and dosage.
12. Give local and general treatment of hemorrhoids.

(Answer ten questions only.)

### OBSTETRICS AND GYNECOLOGY

H. V. Brown, M. D.

10 a. m. to 12 m., April 7, 1916.

(For Physician and Surgeon Applicants and 2,000 Hours  
Drugless Practitioners.)

1. Discuss vomiting of pregnancy.
2. Give fully the treatment of puerperal eclampsia, giving definite reasons for each measure suggested.



3. In a case of twins, with first child successfully delivered, how would you proceed in presence of uterine inertia covering a period of three hours and no foetal movements?
4. Describe size of foetal sac at beginning of second month; at end of two and one-half months; at three months; at four months.
5. Define colpotomy; oophorectomy; symphyseotomy; caruncle.
6. Give the signs of death of foetus in utero at three months; at eight months.
7. Married woman, aged 30; no children, one miscarriage; menstruation regular and normal until last period, which was ten days delayed and flow diminished; previous history of gonorrhoea; colicky pains and some show of hemorrhage since last period, also some nausea and slight changes in breasts. Sudden collapse and signs of exsanguination followed by partial recovery and in twelve hours a repetition of collapse. Give diagnosis, prognosis, and treatment.
8. What is the prevailing agent in infections of the uterine appendages?
9. What means should be employed in making an early diagnosis of cervical cancer in a suspected case?
10. What are the remote functional results of gonorrhoea in the female?
11. Enumerate the causes of retroversion of the uterus and describe fully one operation for correction of the same.
12. Locate glands of Bartholin and state their significance in gynecological practice.

(Answer ten questions only.)

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 919 Security Building, Los Angeles, California. Original articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

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## INFANTILE PARALYSIS.

At this writing the newspapers are full of reports on an epidemic of this disease originating, apparently, in New York City. Occupying large space and introduced by scare-head titles, the matter is given much greater prominence than rightfully belongs to it. What useful end it is expected to attain by such a course is problematical, except the doubtful one of selling a few more papers. The terror that is excited in a mother's heart by the mere mention of this disease is great, for she immediately visualizes her offspring as a helpless cripple. She does not know that most of these patients fully recover from the paralysis, nor has she been informed that the apparently trivial disease called measles causes more deaths and leaves behind it more cripples than does infantile paralysis. In a large measure her terror is a result of a lack of knowledge, for after all we know about as much about it as we do about that before-mentioned household disease known as measles.

However, let us summarize:

Acute anterior poliomyelitis is an acute disease which causes a degeneration of the gray matter of the spinal cord

made manifest by an atrophic paralysis of the parts involved, usually the legs. It is an endemic disease throughout the United States which occasionally becomes epidemic. In the epidemic form it probably is infectious and it possibly is contagious. Nearly all of the patients are children in the early dentition period of life. The prodromal symptoms usually are so slight as to pass unnoticed, and the doctor is called only when the paralysis is discovered. Occasionally there are symptoms similar to those of measles, with the paralysis, instead of eruption, to clear up the diagnosis. Like measles also the cause is unknown and there is no specific cure as the term is used by the allopaths. However, the indications for remedies are well marked and this disease yields to skilful treatment just the same as any other disease. After two or three weeks the inflammatory stage is passed and a restorative line of treatment—tonics, massage, electricity, etc.—will permanently cure the majority of the patients, and ameliorate the paralysis of the remainder. But few patients die from this disease. Historically it is one of the oldest diseases known.

### DOCTOR OF SCIENCE.

That "a prophet hath no honor in his own country" had its refutation in this city on June 10. At the annual commencement of the great Cincinnati University, that institution conferred upon Professor John Uri Lloyd the degree of "Doctor of Science." This distinguished honor comes not as a mere compliment, but in recognition of achievement to one who had not the early advantages of an academic education; but to him whose work in science, especially chemistry and pharmacy, in literature and philosophy has contributed to the greatness of Cincinnati and to the world's knowledge.

In conferring this degree the president of the university remarked particularly the work of Professor Lloyd in science and literature and his great achievement, along with that of his brother, Mr. Curtis G. Lloyd, in the building of the great "Lloyd Library," the only institution of its class in the world. Not only did the university honor Professor Lloyd, but "Doctor" Lloyd is a distinct honor to the university. Moreover, as Doctor Lloyd has been identified all his life with the Eclectic school and its interests, the honor creditably reflects upon the ideals he has maintained and the Eclectic school of medicine, of which he has been a foremost promoter.—Ed., E. M. J.

### WHAT CONSTITUTES SUCCESS.

The impress of one's personality; what he accomplishes in life to the betterment, the uplift of the race morally or materially, through individual efforts, making it easier to live a moral, happier life, with the least necessity for friction in his relations with his fellow man; the enjoyment of life, companionship of family and friends; a reasonable amount of worldly effects obtained by individual honest efforts to enable him and his to obtain in addition to the necessities of life a healthy modicum of the luxuries; to educate his children, provide for their needs and his own comforts to the end of life, leaving behind the sanctity of a well spent life. These, we believe, are the requisites for true success. Unfortunately, there is in the minds of some the opinion that success is measured by the accumulation of wealth, and these same individuals have such a viewpoint that whoever or whatever interferes with their aims are wrong or objectionable. Moral insensibility to the rights of others is but another expression for egotism. Such a one hugs to himself his oblique opinions, rights and comforts. There is no room in his small mind for the rights of others. He views devotion in man or woman unmoved; his ears reveal to him no appeal for charity. As the Outlook truly says, "his brains are in his money bags." Continuing, this journal says he is a "Judas who visits the church, hears a sermon that searches out his weaknesses, but never wincens. He may have been watering stocks all the week; but when he hears on Sunday the thunderings of the prophets against those who buy the poor for silver and the needy for a pair of shoes, sells the refuse of wheat, he will criticise the eloquence of the minister and then pass the contribution box; or else he will remain home and declare the church tiresome." Those about him, men and women striving for something besides money or place are visionary. He will read of efforts to release children from factories, to remove plague-breeding tenements, corrupters of legislatures, but if these touch his investments or menace his ambitions he will declare it all impractical fanaticism. It is the number and size of his investments that is closest his dwarfed conscience or cold responseless heart. Such a man will be dogmatic and contentious in and for his opinions, and the greater his selfishness the more dogmatic he will be. We care not the size of such an one's bank account. He may possess the wealth of Cræsus and die, as did that unworthy, but no one will acclaim him a successful man.—Ed., Dietetic and Hygienic Gazette.



### SOCIETY CALENDAR

National Eclectic Medical Association meets in Nashville, Tenn., June, 1917. Dr. W. E. Daniels, Madison, South Dakota, President; Dr. Wm. P. Best, Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in Santa Barbara, May, 1917. Dr. H. Ford Scudder, Los Angeles, President; Dr. G. H. Greenwell, Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1917. Dr. H. T. Cox, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. A. P. Baird, M. D., Los Angeles, Cal., President; H. Ford Scudder, M. D., 1621 W. Pico Street, Los Angeles, Secretary.

### NEWS ITEMS

Dr. R. O. Hoffman has changed his address in San Diego, California, to 209-211 Granger Block.

Dr. H. C. Smith and Dr. H. T. Cox and families have returned from a three weeks camping trip in the Yosemite Valley.

Dr. J. H. Hillman, Pasadena, was a patient in the Westlake Hospital last month, but has returned to his home convalescent.

Dr. A. D. Tilden, Riverside, accompanied his son to the Westlake Hospital last month.

Married: Dr. Harry C. Solomon and Miss Maida Herman, in Boston, June 27, 1916. Dr. Solomon is the son of Dr. and Mrs. J. C. Solomon of Los Angeles.

Dr. and Mrs. J. C. Solomon, Los Angeles, have returned from a six weeks visit in Boston and New York, where the Doctor attended prominent clinics.

Dr. Roger W. Webster, C. E. M. C., class of 1899, now located at Carthage, Mo., visited for a week in July, with his father, Dr. H. T. Webster, of Oakland. He has been located at Carthage for sixteen years, and has made a success of it.

It is well to remember that a bill against the estate of a deceased patient must be properly filed within a certain specified time. In estates of less than \$10,000, the time allowed in California is four months. In estates of more than \$10,000, the time allowed is ten months.

### BOOST

Boost and the world boosts with you,  
Knock and you're on the shelf,  
For the booster gets sick of the man who kicks,  
And wishes he'd kick himself.  
Boost when the sun is shining,  
Boost when it starts to rain.  
If you happen to fall, don't lie there and bawl,  
But get up and boost again.  
Boost for the town's advancement,  
Boost for the things sublime,  
For the chap that's found on the topmost round,  
Is the booster every time.

—Anonymous.

### RENEWED CONFIDENCE IN THE BROMIDE TREATMENT OF EPILEPSY.

In the management of epilepsy the bromides still continue to be the remedy par excellence. In treating many of these unfortunate patients, however, the relief experienced is purchased at the expense of gastric disturbance, unsightly skin eruptions such as acne, and many other discomforts.

Unfortunately many practitioners have felt that the use of a single salt—potassium bromide usually—was preferable in the treatment of epilepsy. As a consequence of this and the all too frequent administration of an impure product, much harm has been done and the usefulness of the bromide treatment has been repeatedly questioned.

With the extension of knowledge on this important subject, however, a change has taken place and our most successful clinicians have at last wakened to the fact that satisfactory results can be accomplished by the bromides in the management of epilepsy if absolutely pure salts are used, in suitable combination and over a sufficiently long period. Continued study and investigation have substantiated these conclusions beyond all possible question.

Peacock's Bromides—each fluid drachm of which contains fifteen grains of the combined pure and neutral bromides of potassium, sodium, ammonium, calcium and lithium—meet these requirements in every way and can be administered over long and protracted periods, not only with benefits of the most positive and gratifying character, but with surprising freedom from gastric irritation or "bromism." It can be said without question that Peacock's Bromides have given substantial aid in restoring faith and confidence in the bromide treatment of epilepsy by placing it on a practical and effective basis.

# The California Eclectic Medical Journal

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SEPTEMBER, 1916

No. 9

❖ Original Contributions ❖

## LARYNGEAL DIPHTHERIA, OR MEMBRANOUS CROUP

W. A. Harvey, M. D., San Francisco.

Read before the California Eclectic Medical Society.

Having been called to treat this disease recently prompts me to write on this subject. I do not propose to go into an exhaustive description of this disease, but I do wish to emphasize a few points. That branch of modern medicine known as bacteriology has proven that membranous inflammation beginning in the larynx is almost invariably due to the Klebs-Loeffler Bacillus and constitutes true diphtheria. Membranous Laryngitis following the acute exanthemata or membranous inflammation of the pharynx, nose or tonsils is occasionally due to other forms of germs, mostly streptococci but more often is due to the Klebs-Loeffler bacillus. In cases of primary laryngeal diphtheria most of the characteristic symptoms which mark diphtheria of the pharynx are absent, for the reasons that the former frequently runs such a rapid course, producing death, from local causes, before the constitutional symptoms resulting from the absorption of the toxin have developed and owing to the fact that the mucous membrane of the larynx is feebly supplied with lymphatics, the absorption of poison is slow as compared to the pharynx; therefore, glandular enlargements, albuminuria and asthenic symptoms are generally lacking, as are many of the post-mortem changes.

**Symptoms:** In the onset membranous laryngitis, or croup—I use the term croup because I wish to impress upon those not accustomed to considering membranous croup as

diphtheria, that they are one and the same thing, with the few exceptions previously noted—cannot be distinguished from the catarrhal form. It is usually a trifle less abrupt and not quite so severe for the first twenty-four hours. We have the same hoarse cough and voice, with dyspnea, which generally increases; temperature ranges from 99 to 101; pulse accelerated but not weak. It is the progress of the disease during the first twenty-four to thirty-six hours that usually indicates its character. During the second twenty-four hours the symptoms are generally characteristic—from hoarse cough and voice it becomes a metallic, whistling cough, with aphonia. The dyspnea growing more marked, pulse grows weak, and the endeavor to acquire and the necessity for oxygen become very apparent.

**Diagnosis:** Whether these symptoms are due to pneumonia, foreign bodies or retro-pharyngeal abscess are usually easily determined by a careful examination. It is not practicable to get cultures of bacilli from the larynx, but we must rely on swabs taken from the pharynx. Membranous inflammation should be assumed if there is severe, constant and increasing croupy cough, with dyspnea and aphonia, and all such cases should be regarded as diphtheria until proven otherwise by numerous negative results.

**Treatment:** One word is all I wish to add to the treatment that would otherwise be employed by Eclectics, and that word is Antitoxin, which should be administered early and in full doses. No one should hesitate to employ it when statistics from numerous sources have proven that the mortality in cases of diphtheria has been reduced from eighty per cent to less than six when antitoxin is administered not later than the third day of the disease. Concluding, my desire is to emphasize the necessity of early diagnosis of membranous laryngitis. The fact that it should always be assumed to be diphtheria, and to urge the early use of antitoxin in full doses.

### THE USE OF GALVANO CAUTERY IN HYPERTROPHIC RHINITIS.

H. W. Hunsaker, M. D., San Francisco.

Read before the California Eclectic Medical Society.

This is not a new subject, by any means, as Galvano Cautery has been used in catarrhal conditions of the nose



since, perhaps, 1854, but it was called to my attention a short time ago in reading an article written by Dr. Greenfield Sluder of St. Louis in which he describes his technique and the conditions in which he recommends it.

The technique of using Galvano Cautery as described by the doctor is not new to me, although a part of his method is.

He describes a platinum loop for stripping off the middle turbinate in the anterior portion. I have never used this method and have never found such radical cautery necessary. Where he burns a straight line through the posterior extremity of the inferior turbinate and then a fork from the terminus of this line to the eustachian eminence, it has been my practice for many years to endeavor to burn all of the diseased surface of the posterior extremity of the inferior turbinate, and when the eustachian eminence is badly swollen I also sink the electrode into its base.

In the great majority of cases of post-nasal catarrh, where the posterior extremity of the inferior turbinate looks like a big strawberry, there is usually a catarrhal condition of the eustachian tubes resulting from irritation or infection from the turbinate body, and to relieve the tubal catarrh it is necessary to remove the diseased tissue of the adjacent turbinate.

There are many people who have a slow but sure deterioration in their hearing, due to no other cause than the condition just mentioned, and in all cases of partial deafness, whether there has been middle ear affections or not, the tube and the adjacent structure should be carefully examined, that is, the posterior turbinates and the tonsils.

Doctor Sluder has devised an ingenious instrument for retracting the palate so that he can work through the mouth, but a pair of soft rubber tubes of the proper length passed through the nose and drawn through the mouth and tied will effectually hold the soft tissue forward so that the field of operation will be clear in the laryngoscope, and with a flexible electrode made of copper wire of sufficient size to give it just enough resistance to be bent in any direction and insulated to the point, will do the work better than any rigid, fixed electrode, as in my work I shape the electrode to fit each individual case and usually repeat the operation in about two or three weeks.

The majority of cases can be cleared up in two operations and not destroy the healthy tissue. In undertaking to re-

move large growths by cautery at one sitting we are apt to have an annoying post-operative hemorrhage. Occasionally the condition is so exaggerated that it requires three or four sittings to clear up the diseased tissue.

### PERSONAL EXPERIENCE WITH DRY DIET.

Herbert T. Webster, M. D., Oakland, Cal.

About 1907, approximately, I had an opportunity to treat a case of acute tuberculosis with dry diet. In this case I believe I would have succeeded, except for an accident. The patient was a woman, about the change, who had been a patron of mine for ten years or more, calling me frequently to treat her children as well as herself for more or less trifling ailments. I had not seen her for a year, when she called at the office for medicine for a cough. I was shocked at the change that had occurred in her since our last meeting. She was emaciated, haggard and pallid, with hectic spots on the cheeks, and a racking cough, with expectoration, was much in evidence. She coughed in the hallway before entering the office, nearly all the while when there, and when she went out. She had been intending to call on me for some time for treatment, but had put it off because she was too busy. A wealthy father had recently died and left her a large estate, and she had been too busy attending to it to attend to herself.

I found a temperature of 103 degrees, rapid pulse, and crepitus and rales all over the thorax. She slept little nights on account of the cough, and confessed to having lost considerable weight within the past few weeks. She thought it would be a small matter for me to give her some medicine to cure the cough, and was amazed when I told her the case was a very serious one, and explained more fully its nature. I broached the dry diet treatment, but she evidently thought I was mistaken, for she immediately went to another physician, who made light of what I had told her, pronounced it acute bronchitis, and proposed to treat her successfully with medicine. In two or three weeks she sent for me to visit her at her home and told me what she had done, and that the other physician had finally advised her to go to Arizona for a change of climate. He had changed his mind. She had talked the matter over with her husband and children, and concluded she preferred to die at home rather than in Arizona among strangers. Therefore, she wanted to try the dry diet treatment.

This case received the best I could afford it, after my experience with Dr. Weber's treatment of myself. I put her on the improved dry diet and applied light packs to the chest, which were changed at intervals, and continued until they became irksome to the patient and no longer seemed to afford comfort. Within six weeks the cough and expectoration ceased, the lungs cleared up, the appetite grew better, and the patient was more cheerful and hopeful. She was waited upon by her daughters and husband, who tried to carry out orders faithfully. When the ninth week was nearly up, my hopes were very high, for the urine was nearly cleared, temperature was normal, and I expected to soon begin the recuperative treatment. About this time I was summoned urgently to the house one evening and found my patient comatose. One of the daughters informed me that she was suddenly seized with delirium, soon became paralyzed on one side, and sank into unconsciousness in a short time. She died within twenty-four hours, without regaining consciousness.

This was a great disappointment to me. I speculated upon the sudden change, and could come to but one conclusion, and that was that a cerebral meningeal tubercle had softened and broken down, causing the sudden and fatal change. It acted somewhat like an apoplexy of the brain, but the effect of the treatment is to lessen blood pressure, and she was hardly a subject, in her emaciated condition, for cerebral apoplexy. Scattered tubercles are common in acute tuberculosis. The effect of dry diet is to soften and break up tubercle, but in such a case as tubercular meningitis fatal result must necessarily follow breaking up.

In addition to this experience I shall chronicle a brief account of another case of acute tuberculosis with which I came in contact in the dry diet line. It teaches one lesson, at least, and that is, in practicing dry diet one never knows "where he is at."

A young man in the vicinity of my home became the subject of pulmonary tuberculosis. The family was Swedish, of the uneducated kind. The young man, about nineteen years of age, was his mother's only support, and she was heartbroken. The boy had been working away from home, in a distant part of the state, and had been sent home to die, by the local physician. I was sent for with the hope that I would disagree with the diagnosis, but could not. I expressed the opinion that there was only one hope for him, and broached the dry diet treatment. This was before Drs.



Henderson and Von Unruh had loomed upon the horizon. The mother was eager to have it tried, and the patient was willing and anxious.

I described the treatment briefly, and warned them of its many discouragements, assuring them that there would be opposition on all sides. However, they decided that the boy should begin at once. I began with moderate restriction of drink, and allowed the patient dry boiled chicken twice a week, with stale bread for regular diet. I visited him every three days, to keep his courage up. At the end of a month the cough and expectoration had ceased, the lungs were clearing up, and I was pleased and encouraged, though one bad symptom attended, and that was, the bowels moved regularly, and the mother assured me that the patient was taking no physic. Soon now, however, it became evident that adverse influence was at work. The mother began to complain bitterly that the boy was being starved, and I suspected that my probation was short. Upon my next visit I found the patient reticent and moody, and not inclined to pay any attention to what I said to him. I concluded that my usefulness in that case had terminated, but decided, as I had not been dismissed, to call again.

Three days later I went to the house. The front door was open, but no one answered the bell; it seemed as though everybody about the place had vamoosed. I walked through the hall to the kitchen, where I had met the patient before, and found him there alone, seated at the table, before a huge platter of mutton chops, flanked by a large dish of potatoes, bread and butter, and other things "good to eat." I remarked: "Well, you seem to be having a good time." "Yes," he replied, "I have been starving long enough." "All right," I said, "you evidently have no more use for me, so I will not call again." I learned afterward that he already, at that time, had had several doses of tuberculin injected. They had changed doctors, but had failed to notify me. He died within two months afterward.

I then determined that I would never attempt another case of dry diet unless I could have the patient under my personal supervision, where meddlesome outsiders could be excluded. Also, I determined that a large fee should be paid down, as a forfeit, if the patient should "crawlfish." I am not looking for, craving, nor expecting such a case. I am contented with things as they are, and will try to worry along without practicing the dry diet system.

Nevertheless, I found myself engaged in another experi-



ence of this kind. In March, 1916, I was called to San Francisco to see a case of supposed chronic articular rheumatism. At least, the patient and her friends regarded it as such, though how her former physicians could have been so deceived is a puzzle. Probably they understood the case well enough, but did not care to enlighten those most interested. It was a case of arthritis deformans. The patient had just emerged from a ten months' stay at a hospital, where she had been subjected to serum or bacterium hypodermic treatments. From these she had suffered greatly, but had received no benefit. The case had been standing two and a half years.

There was ossification of new connective tissue about all the articulations of the extremities. She waddled into the room to meet me in a squatting position, turning her face upward to greet me, with her forearms half flexed, in the deplorable condition such cases are found. She was gradually growing worse, according to the testimony of herself and sister, who was taking care of her. She was married and the mother of two little boys. Large bony protuberances over the carpoulnar articulations distorted the wrists, the fingers were misshapen, though she still had some use of the hands. The muscles of the forearms were atrophied almost to the bones, there was little power of rotation, and little ability of flexion or extension of the forearms. The knees were so distorted that the patellae were indistinguishable to palpation, being buried among pathological bony excrescences. The morbid growths were hard and resistant to pressure—apparently true bone.

There was marked tachycardia, the pulse registering 128 per minute. The appetite and digestion, however, were fairly good, though there had been absence of the menses for several months. Temperature normal.

I informed the patient that it was not rheumatism, but something much more difficult to treat. I told her that such cases had never been benefited by medicine, and I knew of but one possibility for any benefit to be derived from treatment in her case, and that even then it was a matter of question and experiment. I assured her that the treatment was severe and nerve racking, and advised her to think well before she entered upon it, as I would promise nothing, short of twelve weeks' trial. I explained the process of dry diet to her, and suggested that she think it over well before deciding.

The following day I received a letter from her sister,

informing me that the patient had decided to give the treatment a trial. I therefore visited her and put her on the treatment, the technique of which I have described in the July number of Ellingwood's Therapeutist. She continued the treatment faithfully for fourteen weeks, with remarkable fortitude. I shall append some brief notes made from my own observation, made upon weekly visits.

At the end of the first week the pulse had been reduced from 128 to 80 per minute; temperature slightly subnormal. Patient acknowledged considerable thirst, but with little resort to liquids between regular drinks was able to get along tolerably well. Urine coffee-colored and throwing down considerable white sediment, gritty to feel.

Second week, pulse 76, temperature  $97\frac{1}{2}$ . Tongue coated white, but not heavily. Bowels moved about every fourth day, without meddling.

Third week, tongue cleared, and urine amber in color, but still throwing down white sediment. I was now surprised to find that upon firm pressure upon the excrescences they yielded, leaving temporary indentations.

Fourth week, pulse 60, temperature 97. Patient declined to stay in bed, but preferred to assist her sister in light duties about the kitchen, but was sleepy much of the time, and took her forenoon and afternoon naps. Chilliness was a prominent symptom, and warm clothing was enjoined, and a bag of hot water to the feet when in bed. Sleeping well at night.

Fifth week, pulse 60, temperature 97. Increasing softening of the excrescences. Patellae now distinguishable to palpation, and movable. Crackling about the knee-joints when walking. Thinks she can extend her legs more than before treatment began. Patient dressed and about, but sleeps much during the day. Tongue clean, and digestion unimpaired. Cheerful, and resolved to persevere. Progressive softening and diminishing of excrescences.

Sixth week, patient cheerful and holding on to treatment. Excrescences becoming soft and fluctuating under pressure, and lessening in size. Pulse 56 per minute, temperature 97. Urine still throwing down much white, gritty sediment. Patient stands much more erect, and walks, after some effort in assuming it, in nearly an erect position. Knees crackle when walking, and also elbow joints when passive movement is exerted in rotation.

Seventh week, pulse 70, temperature 97. Patient suffers less from drink restriction. Patellae can now be defined by

vision, though yet buried in abnormal growth, which, however, is still softening. Menses still absent.

Treatment was thus continued to the end of the thirteenth week, when she became very tired and felt that she was losing strength. Had to hold on to table and chairs when walking. Thinking it about time to give the patient a little rest, I allowed twelve ounces of fluid per day. Circumstances rendering it difficult for me to visit her again for some time, I ordered her to have a soft-boiled egg and a cup of coffee for breakfast, continuing regular treatment after that.

Circumstances prevented my visiting this patient for more than a month afterward, July 19th. The excrescences over the carpoulnar articulations were reduced to mere watery blebs, the bony articulation clearly definable to palpation. Patient walks almost erect, but joints still crackle. Feels strong on improved diet, but wants to go to the mountains for a change of air. Is delighted with the improvement she has made, and determines to return to the regular treatment after a few months' rest.

I believe this treatment will radically cure recent cases of arthritis deformans.

## BOARD OF MEDICAL EXAMINERS.

State of California.

### ANATOMY AND HISTOLOGY.

William R. Molony, M. D.

June 27, 1916—9 to 11:30 a. m.

(For Physicians and Surgeons and 2000 Hours Drugless Applicants.)

1. (a) What structures are derived from the epiblast; hypoblast; mesoblast?  
(b) Simple tissues of the human body may be divided into five classes. Name and define each class.
2. Briefly describe the heart; location; relation to chest wall and vertebrae; composition and arrangement of walls; nerve and blood supply; valves and endocardium.
3. Describe the mandible (inferior maxillary bone).
4. Give the histology of lung tissue.
5. Briefly describe the ovary. Give its relations; blood and nerve supply. Define ovulation; graafian follicle; corpus-luteum.

6. If the abdominal aorta be ligatured two inches superior to its bifurcation, how may a collateral circulation be re-established below the ligature?
7. Describe the hip joint, naming muscles passing across the joint.
8. Differentiate bursae mucosum and bursae synovial. Locate five important examples of each kind.
9. Name and locate the ganglia that communicate with the branches of the fifth cranial nerve; give the anastomoses of the branches of the first and second divisions of the fifth cranial nerve.
10. Give the insertion and nerve supply of the following muscles: Soleus; tibialis postius; pronator radii teres; scalenis anticus; quadratus femoris; biceps femoris; sartorius; obturator internus; platysma; temporal.
11. Give the origin and nerve supply of the following muscles: Trapezius; gastrocnemius; latissimus dorsi; biceps cubiti; sterno mastoid; omo-hyoid; pectoralis minor; brachio-radialis; rectus femoris; internal oblique.
12. Give the action of any ten muscles of the foregoing groups.

(Answer ten questions. When possible, arrange your answers in columns; be brief and to the point.)

### GENERAL MEDICINE.

Robert A. Campbell, M. D.

June 27, 1916—1 to 3 p. m.

(For Physician and Surgeon Applicants.)

1. What are the causes of hemorrhoids? Tell how the causes named produce them.
2. What complications may develop during or following acute gonorrhoeal urethritis?
3. Discuss empyemía.
4. Upon what would you base a diagnosis of a tumor of the cerebellum?
5. Discuss tuberculosis of the spine.
6. Describe an attack of acute lobar pneumonia.
7. Describe the lesion of secondary syphilis.
8. Differentiate chancre, chancroid and herpes. When would you consider the case with the chancre cured?



9. What is the significance of a systolic blood pressure of 165 in a man of fifty? What should be done for him?
10. Diagnose and treat a case of acute anterior poliomyelitis.
11. Give etiology and treatment of a case of la grippe.
12. What is the significance:
  - (a) of a tarry stool;
  - (b) a clay colored stool;
  - (c) a greenish frothy stool;
  - (d) a hard lump stool?

(Answer ten questions only.)

### **BACTERIOLOGY AND PATHOLOGY.**

**Dain L. Tasker, D. O.**

June 27, 1916—3:30 to 6 p. m.

(For Physician and Surgeon Applicants.)

1. Define three varieties of cysts and give an example of each.
2. What forms may hemorrhage take and what is the fate of the effused blood?
3. What are ptomaines, toxalbumen, leukomains?
4. Discuss arrhythmias of the heart, with special reference to heart block and fibrillation.
5. What is a parasymphilitic condition?
6. Of what help is embryology in the study of pathological conditions of the male genital tract?
7. Mention four diseases of protozoan origin and give short description of the causal organisms.
8. Discuss serum sickness.
9. Discuss chromogenic bacilli.
10. Discuss artificial immunization against typhoid fever and smallpox.
11. Discuss the pneumococcus of Frankel and the pneumobacillus of Friedlander.
12. Differentiate gonococci from other cocci in pus from the urethra.

(Answer ten questions only.)

### **PHYSIOLOGY.**

**Ernest Sisson, D. O.**

June 28, 1916—10 a. m. to 12 m.

(For Physician and Surgeon and 2,000 Hours Drugless Applicants.)

1. Describe how the distribution of blood is regulated on change of position.

2. Explain the influence of the vagus nerve on respiration.
3. In what does the peristalsis of the oesophagus differ from other parts of the alimentary canal?
4. How do the movements of the large intestine differ from those of the small intestine?
5. Discuss causes, mechanical and nervous, in the call to defecation.
6. Why is it that living tissue resists many influences which attack dead tissue with disastrous effect?
7. Discuss the maintenance of the rhythmical beat of the heart.
8. Describe by diagram and text the growth and development of a nerve cell.
9. What effect will transfusion of a moderate amount of fluid have upon the blood pressure? Explain why.
10. Why do we not have coagulation of blood within the living vessels?
11. Outline a normal pulse tracing and explain the elevations and their relations.
12. Explain how the blood retains its alkalinity against an excessive acid diet.

(Answer ten questions only.)

### OBSTETRICS AND GYNECOLOGY.

H. V. Brown, M. D.

June 28, 1916—1 to 3 p. m.

For Physician and Surgeon and 2,000 Hours Drugless Applicants.)

1. Describe syphilitic ulcer of the cervix uteri.
2. Give causes and treatment of cervical stenosis.
3. Discuss the merits of Cesarean section compared with other methods of relieving dystocia.
4. Describe the operation of Cesarean section.
5. What structures are divided in a complete laceration of the perineum? Describe in full operation for repair.
6. (a) Discuss non-specific cystitis in its relation to Gynecology.  
(b) Discuss constipation in its relation to Gynecology.
7. Give treatment of severe erosion and eversion of cervix with excessive muco-purulent discharge in woman pregnant at three months.

8. (a) Describe the fetal circulation and indicate changes occurring at birth.  
(b) What is a blue baby?
9. Give preventive treatment of:  
(a) Mastitis;  
(b) Ophthalmia neonatorum;  
(c) Puerperal infection;  
(d) Postpartum hemorrhage.
10. Give differential diagnosis of pregnancy and distention of uterus due to retained menses.
11. When and how would you employ the following drugs in labor: Ergot, pituitrin; quinin; scopolomin; lobelia; gelsemium.
12. (a) When first consulted by a primipara, what should be the scope of your examination?  
(b) Why should an examination be made six to eight weeks following delivery?  
(Answer ten questions only.)

### SURGERY.

Percy T. Phillips, M. D.

June 28, 1916—3 to 5:30 p. m.

(For Physician and Surgeon Applicants.)

1. Describe in detail treatment of lacerated wound of scalp involving periosteum, and discuss possible dangers of improper treatment.
2. What are the most important factors concerned in extensive postoperative thrombosis and embolism? Discuss the precautionary measures suggested for their prevention.
3. Classify ileus. Give symptoms and treatment.
4. Give some of the causes of delayed union in fractures and the treatment you would adopt for each of these causes.
5. Give indications for paracentesis membrani tympani. Describe operation in detail. What structures should be especially avoided.
6. Describe in detail and give method of reduction of backward dislocation of the thumb at the metacarpo phalangeal joint.
7. How would you treat a penetrating wound of the cornea with incarceration of the iris?

8. Discuss hydro-nephrosis. Give treatment.
9. Discuss retro-pharyngeal abscess. Give treatment in detail.
10. Give symptoms and signs of malignancy of mammary gland.  
Give surgical treatment in detail.
11. Give causes and symptoms of fracture of base of skull.
12. Give etiology, pathology, symptoms, differential diagnosis and treatment of acquired flat-foot.  
(Answer ten questions only.)

### **MATERIA MEDICA, THERAPEUTICS, PHARMACOL- OGY AND PRESCRIPTION WRITING**

**H. E. Alderson, M. D.**

June 29, 1916—10 a. m. to 12 m.

**(For Physician and Surgeon Applicants.)**

1. Write a complete prescription for a 120 c.c. soln. containing tincture of nux vomica (0.5 c.c. to the dose) for internal use, and describe the therapeutic indications and the contra-indications for the same.
2. Discuss the medical treatment of constipation in a woman fifty years of age.
3. Give the dosage of strychnine sulphate and of opium and discuss the action of each on the alimentary tract.
4. Discuss the dosage and mode of using calcium internally and its therapeutic action.
5. Discuss the dosage, modes of administration and therapeutic action of sodium phosphate.
6. Discuss fully the precautions to be taken in the use of mercury in the treatment of syphilis.
7. Discuss the general principles that should guide one in the therapy of typhoid fever.
8. Discuss the treatment of ankylostemiasis (uncinariasis), also the prophylaxis.
9. Discuss the therapy of rabies.
10. Discuss the medical treatment of diabetes mellitus.
11. Discuss the medical and dietetic treatment of early arteriosclerosis.
12. Discuss the therapy of mercurial stomatitis.  
(Answer ten questions only.)



**ECLECTIC MATERIA MEDICA, THERAPEUTICS,  
PHARMACOLOGY AND PRESCRIPTION WRITING.****H. V. Brown, M. D.**

June 29, 1916—10 a. m. to 12 m.

**(For Physician and Surgeon Applicants Only.)**

1. What is a specific tincture?
2. Discuss the therapeutics of *nux vomica*.
3. What are the active principles of *ippecac*; *physostigma*; *hyoscyamus*; *belladonna*?
4. Name three vegetable drugs in the nerve sedative class and differentiate the uses of each.
5. Discuss the advantages of small doses of *aconite* frequently repeated as compared with a full therapeutic dose given at one time.
6. Write a prescription for *enuresis* and discuss the management of the case in general.
7. What drugs would you use in a case of *tinea saginata*? Discuss the treatment and prognosis.
8. What drugs have a selective action on the prostate gland?
9. Discuss the uses of *collinsonia* in laryngitis and hemorrhoids.
10. State source and physiological action of *jaborandi*; *cannabis indica*.
11. Discuss *digitalis* fully.
12. Write a prescription for a case of diabetes mellitus with persistent slate colored stool.

(Answer ten questions only.)

**HOMOEOPATHIC MATERIA MEDICA, THERAPEUTICS,  
PHARMACOLOGY AND PRESCRIPTION WRITING.****Robert A. Campbell, M. D.**

June 29, 1916—10 a. m. to 12 m.

**(For Physician and Surgeon Applicants.)**

1. Name three remedies useful in bronchial pneumonia with the indications for each.
2. Describe the conditions of the alimentary canal calling for *merc. corr*; *arsenicum alb*; *nux vomica* and *lycopodium*.

3. Discuss cactus grandaflora.
4. Tell how you would treat a case of acute articular rheumatism.
5. Write a prescription containing three drugs and a vehicle. Describe the conditions for which you would prescribe it.
6. Give treatment of a case of carbolic acid poisoning; of corrosive sublimate poisoning.
7. Describe the headache calling for belladonna; spigelia; sangunaria and nux vomica.
8. Name and give dosage of two drugs which will make urine acid and two which will make it alkaline.
9. Do vaccines act homeopathically? If so, how? If not, why not?
10. What would you give for the following case: Dry hacking cough, pain sharp and cutting in the chest, relieved by lying on affected side, worse from being moved, has delirium going over the details of his work, stool dry and hard?
11. Give the indications for china, ipecac, geranium and hydrastis in hemorrhage.
12. When and how would you use pituitrin; camphorated oil; adrenalin; novocain? Give strength and dosage of each.

(Answer ten questions only.)

### CHEMISTRY AND TOXICOLOGY.

H. Clifford Loos, M. D.

June 29, 1916—1 to 3 p. m.

(For Physician and Surgeon,)

1. (a) What is organic chemistry?  
(b) What are the general characteristics of organic compounds?
2. Name the principal derivatives of hydrocarbons.
3. Give general characteristics of metals of the iron group.
4. What does illuminating gas contain generally, and why is it toxic?
5. Give by volume, by weight, and by molecular weight, the components of water.
6. Write equation showing action of sulphuric acid on sodium chlorid.

7. Give a test for sulphuric acid in vinegar.
8. Name five elements used in pure state in medicine.
9. What is the chemical treatment for creosote poisoning?
10. Mention antidotes for iodine poisoning.
11. Give a test for determining the presence of strychnine.
12. What metallic chemical substances are found in the body?  
(Answer ten questions only.)

### HYGIENE AND SANITATION.

A. M. Smith, M. D.

June 30, 1916—10 a. m. to 12 m.

(For Physician and Surgeon and 2,000 Hours Drugless Applicants.)

1. Discuss the sanitation of an encampment of five thousand soldiers.
2. Define humidity of the atmosphere. What classes of diseases are most prevalent in a humid atmosphere?
3. What measures should be used on shipboard, or in camp, to eradicate scurvy?
4. What is sewer gas? How does the inhalation of sewer gas affect the system?
5. Discuss the agency of ptomaines in inducing diseases.
6. Name and describe the methods of five important infections and contagious diseases.
7. Discuss the prophylaxis of typhoid fever.
8. Give the medical and hygienic plan for the inspection and care of immigrants arriving at a seaport.
9. Discuss the theory of hereditary tendencies as applied to tuberculosis.
10. Describe the best method for eradication of hookworm from a community.
11. Give the prophylaxis of filth diseases.
12. Discuss the care of milk from dairy to customer.  
(Answer ten questions only.)

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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## PUBLICITY PAYS!

This couplet is a slogan with the people who have advertising space to sell. And, whether it be true or not, they certainly practice what they preach by constantly keeping this allegation before the eyes of the people. Let us admit, therefore, that advertising pays and pass on to a consideration of the matter advertised. Usually it is something new. It may be breakfast food, a patent medicine or what not; but it is always something new. Its many virtues are presented in a most alluring manner, with especial emphasis on the "new." It is the very latest style, the last step in that fox-trot sometimes called progress. A careful perusal of the advertisement will frequently show that, assuming that all its statements are facts, it is in no way better than the article it is designed to supplant. However, it takes and the old is discarded. And then we wonder what becomes of the hosts of the past—the old ideas, the old foods, the old clothes! But who cares? We of the present age are thoughtless of the past and heedless of the future. The present is the life and we are interested in the fads thereof. And so, publicity pays.



## PREVENTION OF INFANTILE PARALYSIS.

By United States Public Health Service.

To control the present epidemic of infantile paralysis, according to a statement issued by the United States Public Health Service today, the chain of infection between persons harboring germs of the disease and the well members of the community should be broken. Infantile paralysis is probably caused by a very minute organism found in the nasal, mouth and bowel discharges of those who have the disease or who are carriers of the germ without themselves suffering from the ailment. All of the steps in the spread of the infection are not known, but if this germ can be prevented from passing from the infected to the well person, the disease will cease.

Infantile paralysis is not a disease of recent origin. Sporadic or scattered cases have occurred throughout the country for many years, but it is only during the last decade that the infection has assumed epidemic proportions in the United States. The present epidemic in New York City, on account of its magnitude and virulence, has awakened the residents of many communities to the danger of the importation of the disease into their own midst. This danger is real, but if due precautions are exercised it is believed that the epidemic will subside.

The actual control of the present epidemic must be left to the city, State and Federal health authorities. These organizations will properly quarantine and care for affected persons, prescribe sanitary measures and limit as may be necessary the travel of individuals in order to protect neighboring districts from the infection. Individuals and communities, however, can do much toward their own protection.

Poliomyelitis is probably spread, directly or indirectly, through the medium of infective secretions. Account must therefore be taken by communities of every means by which such secretions are disseminated. Promiscuous expectoration should be controlled. The common drinking cup affords a method for the interchange of material of this nature and should therefore be abolished. Rigid cleanliness of glasses and utensils at soda fountains, in saloons and other public places should be enforced. Flies, roaches and other vermin, by coming in contact with infective secretions, may possibly convey them to our food and thus directly bring about the development of disease. Therefore, eliminate insects. Street and house dust bear a definite relation to the spread of many

infections, and it is not unreasonable to presume that they may be a factor in the dissemination of infantile paralysis. Maintain strict cleanliness of streets, yards and alleys, in order to prevent the breeding of insects and other vermin. See that all garbage and waste are properly cared for and collected at regular and frequent intervals. Guard all food supplies, especially milk and other perishable products. Digestive troubles of children arising from the ingestion of food of questionable quality may lower resistance. Assemblies of children in infected localities are to be discouraged, if not actually forbidden. While the above measures are in a sense general and applicable to many epidemic diseases, their importance should not be overlooked.

Individual preventive measures may be thus summarized: Summon a physician at once and immediately notify the health officer of the presence of the disease. If the disease is present in the community, medical aid should be sought whenever a child is sick, no matter how light the illness; many cases of infantile paralysis begin with a slight indisposition. Should the illness prove to be infantile paralysis, isolate the patient, place a competent person in charge, and reduce all communication with the sick room to a minimum. Hospital care is preferable, not only for the child but in order to better safeguard against the spread of the disease. The sick room should be well ventilated and screened. Nasal and mouth secretions should be received in cloths, placed in a paper bag, and burned. The clothing of the child, the bed linen, and the excretions should be disinfected in the same manner as for typhoid fever, that is by boiling, the long continued application of 5 per cent carbolic, or other well recognized disinfectant. The same is true for dishes and drinking vessels. Nurses should exercise the same precautions as regards cleanliness of hands in caring for infantile paralysis patients as for those afflicted with other infectious diseases.

A child may convey the disease to others even after a lapse of several weeks. For this reason quarantine should be maintained for a considerable period, usually from six to eight weeks, and the above precautions should be adhered to during this time. Disinfection of the room following recovery is advisable.

## DEATH RATES AND EXPECTATION OF LIFE

Director Sam L. Rogers, of the Bureau of Census, Department of Commerce, is soon to issue a unique set of tables, the first of their kind which have ever been prepared by the United States Government. These tables, which were compiled in the division of vital statistics, under the supervision of Professor James W. Glover, of the University of Michigan, show death rates and expectation of life at all ages for the population of the six New England states, New York, New Jersey, Indiana, Michigan, and the District of Columbia (the original death-registration states) on the basis of the population of 1910 and the mortality for the three years 1909, 1910 and 1911. They are similar to the "life tables" prepared by life insurance companies, but differ from them in that they relate to the entire population of the area covered, whereas the life insurance tables relate only to risks selected through medical examination and otherwise.

Expectation of life, at birth, in a stationary population—that is, one in which the births and deaths were equal and were the same from year to year, and in which there was no immigration or emigration—would be the same as average age at death, which is calculated by totalizing the ages of all deceased persons and dividing the result by the number of deceased persons.

**Women Live Longer Than Men.**—According to these tables the average expectation of life, at birth, for males is 49.9 years; for females, 53.2 years; for white males, 50.2 years; for white females, 53.6 years; for native white males, 50.6 years; for native white females, 54.2 years; for negro males, 34.1 years; and for negro females, 37.7 years. Females are thus longer lived than males to the extent of more than three years, and in the case of the native whites and negroes, more than three and a half years.

The expectation of life at the age of 1 is considerably greater than at birth, being 56.8 years for native white males and 59.5 for native white females, and reaches its maximum at the age of 2, when it is 57.5 for the former class and 60.1 for the latter. At the age of 12 the average native white male's expectation of life is 50.2 years; at 25 it is 39.4 years; at 40, 28.3 years; at 50, 21.2 years; at 60, 14.6 years; at 70, 9.1 years; and at 80, 5.2 years. Similarly, at the age of 12 the average native white female's expectation of life is 52.6 years; at 25 it is 41.8 years; at 40, 30.3 years; at 50, 22.8 years; at 60, 15.8 years; at 70, 9.8 years; and at 80, 5.5 years.



A part of the difference between expectation of life for men and for women is due to the greater number of violent deaths among men. Nearly four-fifths of these violent deaths—suicides, homicides, and accidental deaths—are of males, and such deaths form about 7 or 8 per cent of the total number occurring each year. This fact, however, does not account fully, or even in major part, for the greater longevity of women. An examination of the tables discloses a lower death rate for females than for males during each of the first 12 months of life, and in the case of the native whites, during each year of life up to the age of 94. During the first month of life the death rate among native whites is nearly 28 per cent higher for boys than for girls, and during the first year it is more than 20 per cent higher.

**Infant Mortality Still High.**—The enormous waste of infant life which still goes on, although medical science has done and is doing much to arrest it, is shown by the exceedingly high death rates which prevail among infants under 1 year of age. Of 100,000 native white boy babies born alive, 4975, or almost 5 per cent, die during the first month, and 12,602, or 12.6 per cent, die within one year. The girl baby's chance of life is considerably better, the death rate among native white females during the first month being 3894 per 100,000 born alive, or less than 4 per cent, and during the first year 10,460 per 100,000, or nearly 10.5 per cent.

On its first birthday, however, the likelihood that a child will die within the year is only about one-fourth as great as it was at birth, the death rate among native whites during the second year being 2841 per 100,000 for males and 2610 per 100,000 for females. The rate continues to decrease until the twelfth year of life—that is, the period between the eleventh and the twelfth birthdays—during which it is only 288 per 100,000 for males and 198 per 100,000 for females. This, the figures indicate, is the healthiest year of life among native whites. Thereafter there is a continuous increase in the death rate from year to year. During the forty-eighth year of life, in the case of native white males, it is 1267 per 100,000, or almost exactly what it was during the third year, 1266; during the sixty-second year it is 2919 per 100,000, or a little more than during the second year, 2841; and during the eightieth year it is 12,184, or somewhat less than during the first year, 12,602. Similarly, among native white females the rate during the fiftieth year, 1120, is a little less than during the third year, 1144; during the sixty-third year it is 2548, or somewhat less than during the second, 2610; and



during the eightieth it is 10,901 per 100,000, or a little more than during the first, 10,460. The native white man at the age of 102 and the native white woman at 99 have approximately the same prospect of dying within one month that they had at birth.

**Median Age at Death.**—To say that a person's expectation of life is a certain number of years is not the same as saying that he has an even chance of living that number of years. This is because, as already explained, expectation of life represents the average remaining length of life, at any given age, in a stationary population, whereas an average person in a given group has an even chance of living to what is called the median age at death, that is, the age below which half of the members of that group will die. The median age at death for all native white males in the assumed stationary population would be 60; that is to say, of a given number of such males born alive, half would die before reaching 60 and the other half at 60 and beyond. A native white male child at birth, then, has one chance in two of reaching this age. At the end of his first year, however, he has a trifle better than an even chance of reaching 64; and at 42 he has one chance in two of attaining three score and ten. Similarly, a native white female child at birth has an even chance of living a few months past the age of 64; at the age of 1 she has one chance in two of living until she is nearly 68 years old; and at 22 her chance of reaching 70 is an even one. Thus a native white man at 42 and a native white woman at 22 have about the same chances of celebrating their seventieth birthdays.

**City and Country.**—The relative healthfulness of city and country is strikingly shown by the tables, according to which the death rate among white males under 1 year of age in cities having 8000 inhabitants and over in 1909, and in cities of 10,000 and over in 1910 and 1911, is 13,380 per 100,000 born alive, whereas in smaller places the corresponding rate is only 10,326 per 100,000, or 23 per cent less than the rate for cities. A similar difference prevails with respect to white females under 1 year of age, for whom the death rate in cities is 11,123 per 100,000 born alive, while in rural localities it is only 8497 per 100,000, or 24 per cent less than the urban rate.

For white males the expectation of life, at birth, in rural localities is 7.7 years greater than in cities; at the age of 10, 5.4 years greater; and until the age of 39 is reached there is a margin of more than five years in favor of the country. Thereafter the difference becomes gradually less, but is al-

ways in favor of the country until the age of 88 is reached, at and after which the cities show a slightly greater longevity than the rural localities.

For white females the difference between urban and rural longevity, while pronounced, is somewhat less than in the case of males. At birth the white female's expectation of life is 6 years greater in rural than in urban localities; at 10, 3.3 years greater; and until the age of 46 is attained the difference continues to be more than 3 years. Thereafter it declines until the age of 83 is reached, after which the cities have a slight advantage over the country.—Ed. Southern Practitioner.

### TRUST A WOMAN

C. E. Laws, M. D., Ft. Smith, Ark.

While I was an interne in Cook County Hospital, a young woman we called Mary was admitted to the obstetric ward and assigned to my service. One day, a week or so later, I was stopped in the hall by a middle-aged Irish woman who, from her immense proportions, I supposed to be a candidate for the same ward. The stranger asked if I was Mary's doctor, and in the dialect of one fresh from the Emerald Isle introduced herself as Mrs. Mack, who lived over near the stockyards, saying that she wanted to adopt Mary's baby when it was born, and that Mary was "willin'." Now, I know of no man or set of men who do not say more nearly what they please than the internes of the aforesaid institution. In keeping therewith, I surveyed her with a little more scrutiny and replied that from her appearance it would only be a short time until she had one of her own. Her answer came quick as a flash, "Ay, don't you pay anny attintion to that; thims awnly pellowes I'm a wearin' on the froont of me to fool me hoosbint wit," at the same time taking a punch at one of the lower corners that came out into a point and proceeded to round up and press into shape her pendulous abdomen of feathers. In amazement and amusement, I began, "Do you mean to say—" but she evidently guessed the rest and hastened on, "Ye see, me hoosbint is a good mon, and happy he was to think we had a little one a comin.' And when I lost it at three months I never cood tell him the truth." I had recovered enough to venture, "But how," when she cut me off. "Noo can't ye troost a woman for thot? Plinty of hospitals there be aroond here that will do me the favor of a room for a week when I've got the price. Can't ye meck arrangements with the wartin' for

the child and get a nurse-laidy to bring it over to me? I'll give ye me hoosbint's tilephone noomber and glad he will be to get an invitation from ye to coom over and have a look at his awn bebbly." I hesitated, thinking, for it was impossible to get my brain to work as fast as that woman's tongue while she unfolded her plan. And before I could utter a word she was asking, "And what will ye charge to deliver me? Twinty-five dollars? Aw I'm goin' to pay ye for ye trooble alright; don't worry about thot, and here's fifteen of it noo. Will ye do ut?"

The sight of the greenbacks helped me to think. Twenty-five dollars, when dollars were cartwheels, and twenty-five of them. Would I do it? Why I would have sold her the hospital for the sum. But before I knew it she was disappearing down the hall, and as I closed my hand over those three five dollar bills I began to see in her case a degree of merit.

Many times after that I had occasion to laugh at those distorted pillows. Too high or too low, and sometimes as square as a checkerboard. Never questioned by the casually observing, even though they be nurses and doctors who continually passed her in the corridors. But I never saw them when they did not need "beating up."

Her program went through without a hitch. Mrs. Mack knew before I, and gave her the information that Mary was "sick." I 'phoned the old Irishman to come over to a nearby hospital and see his fine boy. And I want to say that I never saw a happier father in all the days of my practice. Just two of us knew the truth, and Mr. Mack doesn't know to this day that that baby is not of his own flesh and blood unless she told him, and in her own words, "Ye can throost a woman for that." —N .E. M. A. Quarterly.

### SOCIETY CALENDAR

National Eclectic Medical Association meets in Nashville, Tenn., June, 1917. Dr. W. E. Daniels, Madison, South Dakota, President; Dr. Wm. P. Best, Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in Santa Barbara, May, 1917. Dr. H. Ford Scudder, Los Angeles, President; Dr. G. H. Greenwell, Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1917. Dr. H. T. Cox, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m.



on the first Tuesday of each month. A. P. Baird, M. D., Los Angeles, Cal., President; H. Ford Scudder, M. D., 1621 W. Pico Street, Los Angeles, Secretary.

### LOS ANGELES ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles Eclectic Medical Society was held on August 1st, 1916, at the offices of Drs. Welbourn, 819 Security Building, at 8 p. m. There was a good attendance and the meeting proved to be unusually interesting. The minutes of the last meeting were read and approved. The next meeting will be on September 5, at the same hour and place. Dr. Oran Newton, Long Beach, will read a paper and Dr. Clinton Roath will give a clinical report.

Adjournment.

A. P. BAIRD, Pres.

P. M. WELBOURN,  
Sec. pro tem.

### NEWS ITEMS.

Dr. H. Ford Scudder has removed from 1621 West Pico Street, Los Angeles, to Inglewood, California.

Dr. H. W. Crook has changed his address in Long Beach to 323 First National Bank Bldg.

Dr. W. S. Gibson, 1954 East First Street, has changed his address to 529-531 Homer Laughlin Bldg., 315 South Broadway, Los Angeles.

Dr. Leon Patrick, C. E. M. C. 1915, has opened an office at 402 Severance Bldg., 105 West Sixth Street, Los Angeles.

Dr. O. C. Darling, formerly of Riverside, California, was a patient in the Westlake Hospital last month, having had a minor operation.

Dr. R. W. O'Neal of Bishop, California, was a professional visitor at the Westlake Hospital during August.

Dr. G. W. Greenwell, of Los Angeles, has returned from a short vacation spent in San Diego.

Dr. D. A. Stevens has returned to Holtville, Cal., after a few weeks spent in Los Angeles.

Died: Mrs. Aisbitt, wife of Dr. M. S. Aisbitt, Los Angeles, died at the family home on West Fiftieth Street, from paralysis, on August 15.



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♥ Original Contributions ♥

## POTASSIUM

Oran Newton, M. D., Long Beach, California.

Read before the Los Angeles Eclectic Medical Society.

Potassium is found in nature chiefly as a double silicate of potassium and aluminum commonly called feldspar. In plant life potassium is found largely in combination of organic compounds. Kelp, or seaweed, is one of the chief sources of potassium in the plant kingdom. When the plant is burned potassium is found in the ashes in the form of potassium carbonate, and by extracting such ashes with water and evaporating to dryness an impure article is obtained and known as crude potash. Formerly this was the chief source of potassium compounds until about fifty years ago when the inexhaustible salt mines of Strassfurt, Germany, were discovered, which up to the time of the great European war were practically the source of all our potassium salts. Owing to the demand and need of potash by the belligerent nations for the manufacture of munitions of war, and as potash is not at the present time obtainable from Germany, many potash industries have sprung into existence. Five such factories are at the present time engaged in obtaining potash from kelp, or seaweed, in and about Long Beach. The process is more or less a secret, as the manufacturer allows no one to visit the factory, and as far as can be obtained, the different factories employ somewhat different processes. The kelp harvesters may be seen operating daily in and about the harbor. The harvester is fashioned somewhat after the old-time McCormick reaper, cutting a swath about six feet wide and from three to five feet beneath the water. Each harvester is capable

of cutting about fifty tons per hour. From the cycle the kelp is carried by a moving platform to a set of revolving knives, known as the chopper, which cuts it into small pieces. In this condition it is conveyed to the factory. At the factory the kelp is placed in a large rotary tank and subjected to about 2500 degrees of heat. After being thoroughly dried it is conveyed to a retort and burned. The residue contains about 35 per cent potassium carbonate. It requires about twenty-four tons of the green kelp to produce one ton of residue. No by-products are obtained. The cost of production of kelp ash or potassium carbonate is claimed to be about \$90 a ton. This may be considered a war industry, as Germany before the war was delivering potash in New York City for \$35 per ton; also the supply of kelp is limited, as it requires six months for the growth of a new crop.

Potassium is represented by a number of official salts, of which only two—potassium acetate and nitrate—will be made mention of here. The action of potassium acetate is diuretic, alterative, and hepatic stimulant. As a diuretic, potassium acetate is one of the best agents that we have; it increases the amount of solids in the urine by stimulating both the secretion and excretion. It has but little influence on the excretion of the watery portions of the urine; therefore it should be given freely diluted with water. In ascites, from whatever cause, this agent gives good results. In oedema, so often present during pregnancy, potassium acetate is always indicated. It will relieve lumbago and the so-called "crick" in the back. It is a valuable agent in orchitis, mastitis, and all glandular inflammations. In all inflammatory diseases of the skin, especially the acute eruptive conditions, such as urticaria and herpes zoster, potassium acetate given in two to five grain doses every two or three hours proves very beneficial. It will relieve the sensation of burning and itching which is so distressing in these conditions.

The range of action of potassium nitrate is quite extensive, and by older physicians was considered an important agent, being given largely as a sedative to control fevers, but large doses were necessary to accomplish this result, and it has given way to more efficient remedies. This drug is an active eliminant and antacid, neutralizing excess of acidity in both blood and urine. In cystitis and inflammation of the urethra attended with pain and burning and fre-

quent desire to urinate this agent acts nicely in combination with cannabis indica. Potassium nitrate is not as active diuretic as the acetate. It is not as irritating to the stomach as the acetate, therefore may be given when the acetate causes distress. In sciatica and other forms of neuralgia potassium nitrate in two or three grain doses gives satisfactory results in many acute cases. It tends to keep the bowels relaxed and to a large extent is an intestinal antiseptic. In hyperarterial tension from whatever cause this is one of the best agents that we have to reduce high blood pressure. It produces dilatation of the capillary arterioles by paralyzing to some extent the vaso-motor centers or the muscular coats of the arterioles. It must be given in fair doses and persisted in for some time to get the desired results.

### A REMINISCENCE

Jos. G. Tomkins, M. D., Berkeley, Cal.

A reminiscence in my practice, some years since, of a family of five, who were all taken sick, each one before the others were convalescent.

I was a stranger, except the Aunt, who was a professional mid-wife, who when she had a difficult case, such as placenta, by adhesion or any other cause, placenta previa or instrumental delivery, etc., had also called me to her assistance, so when her nephew was taken sick I was sent for; he had had other medical aid, but he was not any better. I found he had a severe attack of orchitis. I put on a plaster of my well and often-tried friend, Lloyd's Libradol. Made the testis comfortable by a carefully applied bandage. Gave the indicated remedies. Spc. Medicine Phytolacca, Aconite, Pulsatilla for his nervous condition. Cactus to steady the heart, but as every patient is a law unto himself, the indications vary with the individual, follow the indications of the difference between a man in health and in sickness, you won't go wrong even if your diagnosis is not correct. The wife had stood by the bed while I attended him. One day I said "You have uterine trouble." She cut me a little short by saying, "Oh! I'm all right." Then I told her it was so well defined that I could pick her out as such even on the street. A few days afterwards I was called in. The husband was up, and said, "Doctor, I'm all right, but there's a case for you." The wife was in bed and in great pain. She had a severe

case of cellulitis, with a complication of peritonitis. I applied, after a proper examination, hot Antiphlogistine and met the indications as they developed. As she was regaining her health, she asked me to tell her what was ailing her little son, of about eight years. I examined him and pronounced it a case of pleurisy. "Oh! but he's had no cold." I questioned the boy and elicited from him that when leaning on the window ledge he slipped and traumatic pleurisy was the result. I examined him every time I visited his mother and did my best to meet the indications as they developed, but to no avail; the right lung was normal, the left side presented a slight fullness of the chest wall, from effusion of the pleural cavity. I advised an operation which the parents objected to. I called in for consultation a professor of diseases of the chest, who pronounced it pneumonia with hepatization of the lung, but being so confident of my diagnosis being correct, I made a determined stand, and declared I would either operate or give up the case. The parents consented, after due preparation, an incision was made between the sixth and seventh ribs, when a full quart of pus was evacuated, a drain put in and in due time the little patient made a complete recovery, but the drama called for another act. The little girl, aged about three years, was leaning out of the same window where the little boy met his misfortune, which was the second floor, and fell to the ground. I had a hurry call, and after being informed of what had occurred I examined the child, and there was absolutely nothing in evidence that a casual observer would notice. This put me in mind of another hurry call I had illustrated of the saying, "a drunken man and a child are seldom hurt in a fall." Colonel R. liked to look upon the wine when it is red, and in his cups he fell down stairs. I found him in a heap at the foot of said stairs; had him carried to bed, found no injury, gave a good dose of Bromidia, went home. In about half an hour I was called again; found the Colonel at the foot of the stairs again, had him removed to bed again; this time I gave him such a jolt of Morphine he kept quiet till he could behave. Apologies for this digression in conclusion, the wife, Mrs. F., recovered her health. The Aunt went into the country, was taken suddenly sick and died, all within a few weeks.



## THE NARCOTIC DRUG HABIT—ITS AMBULATORY TREATMENT

A. S. Tuchler, M. D., San Francisco, Cal.

Read Before the California Eclectic Medical Society.

In the treatment of these cases of drug addiction, one of the principal factors to overcome is the lack of self-confidence. Many a patient will hesitate to undertake the treatment for the cure of this habit on this very account. Another thing which will cause the addicts to lose courage, is the sanatorium treatment; they generally being under the impression that they will have to endure untold sufferings before being freed from this drug habit. The time and the expense is also an important factor which is to be considered.

Dr. E. S. Bishop, in the "American Journal of Surgery" for December, 1915, says, in part: "The successful cure of a case of narcotic addiction is in itself a problem sufficiently important to deserve the individual attention from the physician who is treating it. The reduction of a drug of addiction below the amount of the body need robs the addict of his most valuable asset in securing and maintaining recuperation. Therefore the relief and cure of narcotic drug addiction is not a matter to be lightly undertaken. The physician or surgeon who has in his care a narcotic drug addict whom he is treating for another diseased condition, should remember that the patient's recovery from the condition or disease for which he is being treated, depends to a great extent upon the amount of functional balance and organic and metabolic adequacy which exists in that patient, and he should realize that functional balance and organic and metabolic adequacy in a narcotic addict are largely under the control of, and vary with, the extent to which that patient is kept in an adequate drug balance. The establishing and maintaining of an adequate drug balance therefore is one of the most important elements to be considered in the conduct of a case of narcotic addiction undergoing operation or treatment for a condition other than the cure of his addiction. Success depends therefore more upon nutrition, upon the nervous, functional, organic and metabolic adequacy and the proper balance of the patient at the time of the withdrawal of the drug, than it does upon the special methods used for the accomplishment of the withdrawal or the amount of the drug which is daily needed to supply the body's demand. It is practically as hard to withdraw a

narcotic drug from an addict whose body need is one-half grain a day, as it is from one whose need is five or twenty grains a day. One case can be cured of his addiction in a shorter time, while another will require much longer."

In the treatment of these cases the ambulatory method as here outlined, has appealed to many an addict and who would have hesitated to undergo the sanatorium treatment.

In order to make this method of treatment a success, it is necessary to obtain the full confidence of your patient and also to impress upon the addict that there will be no suffering, neither mentally nor physically; and with the assurance that there will be a perfect cure without the necessity of going to a hospital and with his honest co-operation, will encourage the drug habitue to make a trial at it. He must be impressed upon to follow directions closely and honestly. His medicines must be taken with regularity, and the opiate must be reduced but very little every two or three days, perhaps a quarter grain at a time. He must be cautioned not to reduce it too quickly, which in his enthusiasm he may do, as that will upset the physiological balance of the system. Usually, the pride manifested at the successful reduction of the drug and the desire to succeed when once it is undertaken, and the little suffering or inconvenience it entails, will prompt the patient to leave it off too quickly. This then will disturb the adequate balance of the system and disaster may result in its successful accomplishment. Therefore it is safer to make haste slowly. It may take a month or two, or even six months, but if faithfully carried out, success will surely crown one's efforts.

To better illustrate the observations and conclusions of the writer, one case will be cited as an example of this method of treatment.

Case No. 1. Age 45, of good family history, with neurotic tendency and well preserved in mind and body. She had suffered severe sciatica when a young girl and which had apparently resisted any and all efforts or methods of treatment. She was therefore given a tablet containing one-quarter of a grain of morphine sulphate and one-hundred and fiftieth of a grain of atropine sulphate. She found it necessary to take twelve tablets a day in order to obtain relief, and has been taking that amount daily for thirty years, although the cause for which these tablets have been taken, has disappeared many years ago.

Owing to the Federal Narcotic Law, she was unable to obtain the necessary tablets from her druggist. She was therefore referred to me for a prescription. I agreed to

comply with her wishes, provided that she would follow my advice so as to cure her of this drug habit. She expressed surprise at the possibility of being able to accomplish this, and doubted her ability to undertake such a course of treatment at this time. On my assurance that she will feel no inconvenience, I finally gained her compliance and fully assented to place herself under my care. She was informed that she need not make any change in her daily routine of living, only that her diet must be plain and wholesome—no sweets, pies, nor pastry. Liquors of all kinds must be tabooed as well as the excessive use of tea or coffee. Also that she must carefully and with regularity follow directions as regards the taking of her medicines.

As it is necessary to stimulate the liver and bowels in order to overcome the stagnation which is caused by the drug, the following pills were prescribed:

R.  
Calomel, gr. 1/6  
Podophyllin, gr. 1/6  
Bilein, gr. 1/8  
Strychnine Arsen. gr. 1/250  
Mix and make one pill.

Sig. One to four pills, as may be necessary, to take at bed-time, and to be followed in the morning with a dose of Saline Laxative. This is to be repeated for three consecutive nights so that the bowels will have operated freely. After this free purgation, the following anti-addiction tablets (Abbott's) were prescribed:

R.  
Xanthoxyloid, gr. 1  
Atropine Valerate, gr. 1/250  
Cactoid, gr. 1/32  
Strychnine Valerate, gr. 1/128  
Nuclein, M. 5  
Mix and make on tablet.

Sig. One tablet every three hours, day and night, until dryness of the mouth manifests itself, then only every four hours.

While taking these tablets, the drug must be gradually lessened every two or three days. This can therefore easily be accomplished without any hardship. When the patient begins to realize this, it will be an incentive to make speedier progress and leave off more than the system can stand and therefore disturb the adequate physiological balance. Disaster will result in consequence and a discouraged patient to deal with. This lady reduced her supply of tablets from



twelve to 1½ a day in thirty-two days, and as she remarked: "Without noting the least discomfort."

However, in patients of a nervous temperament, there is that factor to contend with, so the following will overcome extreme nervousness and sleeplessness:

R.

Sp. M. Passiflora, oz. i.

Sp. M. Scutellaria, oz. ss.

Glycerine, oz. i ss.

Aq. Chloroform, q.s., oz. i v.

Sig. Two teaspoonfuls in a wineglass of water every two or three hours, when nervous, restless or sleepless.

This lady hardly felt the necessity for this, yet others could not sleep nor be comfortable without it.

Owing to sickness in her family and a great deal of worry in consequence, she did not lose courage and by April 1st, 1916, she was free from the drug. This lady certainly felt grateful as shown by the receipt of the following:

"My Dear Dr. Tuchler:

I feel that I owe you a great debt of thanks for breaking me from the drug habit. I had used morphine for thirty years. It was given me first for a combination of ills, sciatica, rheumatism, lumbago and gout, from which I suffered tortures for years, and then for pains in my heart. My doctors told me I could not live without it. When I went to you on the 1st of December, 1915, you surprised me by telling me of your cure, which I gladly commenced at once, and found it did all that you claimed for it. When I commenced your treatment I was taking four grains of morphine a day. Now I take none, and I have never had one moment of inconvenience at the present time, nor while taking your treatment. I feel like a new woman and at least twenty years younger. Again I thank you.

Very gratefully yours,

Mrs. ————."

"San Francisco, Cal., April 12th, 1916.

The following conclusions have been arrived at in treating cases of drug addiction by the ambulatory method:

1. The patient's confidence and co-operation must be fully gained by an assurance that no difficulty nor hardship need be undergone in order to obtain a successful result.

2. A slow and gradual reduction of the drug every two or three days—just a little each time—will not disturb the adequate physiological balance of the system when the above treatment is faithfully carried out.



## THE EVOLUTION OF THE LOCAL VENEREAL DISEASE

J. M. Lee, Oklahoma City, Okla.

It was invariably taught until quite recently that the viruses of chancroid and gonorrhea were specific entities which were always and invariably the same, their inoculation being followed under all circumstances by similar results. Indeed, I accepted this view so confidently that it is with some hesitancy that I will endeavor to present views that are diametrically opposite to those which I formerly believed to be correct.

When Drs. Taylor and Bumsted, in their excellent work upon the venereal diseases, advocated the doctrine that the chancroidal virus was not a specific entity, and that chancroidal ulceration differed in degree only, rather than kind, from ulcers of a simple character, there were very few, indeed, who did not antagonize their views. It is only within a very short time that I have been convinced, from observation and experience, that chancroid and gonorrhea are diseases which may arise *de novo*, and which, in the true sense of the term, are not specific. It appeared to me that it is only by the acceptance of this theory that it is possible to understand something of the origin of chancroid and gonorrhea and which we certainly can not do under the old and generally accepted doctrine of specificity.

While we may not be able to positively demonstrate the origin of poisons of all infectious diseases, it is difficult to comprehend that a specific poison has always existed in any case, and it is certainly a great step in the advancement of medical science when we become able to trace the poison of any particular specific disease to its source. We have not been able to do this with many diseases, for it is fully as difficult to understand the circumstances under which certain morbid entities affecting the human body sprang into existence as it is to comprehend the precise conditions under which vitality itself first made its appearance in matter hitherto inert. A view of the morbid conditions affecting animal life have fortunately been traced to their origin, and through the germ theory we have at least begun to see a little light in regard to the origin of infectious diseases. Even at the present day, however, very few scientists are looking in the proper direction for the origin of disease, for if we admit that the germs of disease are living entities, why is it not logical

for us to bring to bear upon them the same laws of evolution, every progressive differentiation and development that we now apply to all other living creatures? Disease is incident to the life of every animal, and as we study the evolution of the animal, so should we study the evolution of its disease.

Every phase of animal development and progression is subject to adverse elements of various kinds; thus each animal is relentlessly pursued by foes of a higher or lower evolutionary development. Man with his superior power, born of knowledge, has been able to contend successfully with all of those elements which are inimical to his welfare, with the exception of those apparently insignificant little organisms—the germs of disease. As man himself has become differentiated through varying circumstances of environments, so have his foes become differentiated; hence he has become more susceptible to the inroads of certain forms of disease germs, but less susceptible to others. Certain varieties of germs have become extinct, while new forms have been developed. Others again have become so modified as to have almost no resemblance to the parent stock.

By pursuing this line of study, we may eventually find that many diseases which are now apparently quite dissimilar have become so by the differentiation of germs upon which they depend, and perhaps may discover the circumstances which have brought about such differentiation. In applying this theory to chancroids, I first desire to call your attention to a few analogical arguments that are certainly striking.

We will take as our point of departure, diseases of a known or alleged specific nature and see if we can not find elements in two forms of the same disease which are more dissimilar than are simple genital ulcers, and chaneroids. In smallpox we note several degrees of severity from a varioloid, in which there perhaps exists but a single pustule, to the variola hemorrhagica or maligna, which is so fatal to life. The resemblance between these two extremes is very slight, yet they are the same disease. Or, to go still farther, note the difference between smallpox and vaccinia. Not much resemblance between the two you will admit, yet the poison of the latter is a derivative of the former, and by its actions the human system is rendered insusceptible to the attacks of its more vigorous and noxious ancestors.

In scarlatina we have all grades of severity from the walking form in which one would hardly know that the child is ailing to the scarlatina anginosa or maligna in which the

life of the little victim is despaired of, or so rapidly destroyed. A singular fact is that in the severe forms of scarlet fever the angina assumes characteristics so severe and of so peculiar an appearance that the doctor is sometimes impelled to say "this child also has diphtheria." Do you believe that the system of the child could be a field for strife between two infectious constitutional diseases of so pronounced a type? I do not; but I am convinced that these cases are illustrations of the manner in which certain diseases supposed to be separate and distinct are correlated, and, furthermore, of the possibility of their development *de novo*.

Typhoid and typhus fevers have numerous degrees of severity, the extremes of which are strikingly dissimilar in each instance. We know, too, that typhoid and typhus fevers may develop *de novo* under favorable circumstances or environments. Malarial fever varies in severity from slight ague shakes followed by fever to the pernicious type which speedily destroys life. Clinically malarial and typhoid fevers are frequently confused.

Septic infection in surgical diseases may result in one of several degrees of severity of blood poisoning, from the slight febrile disturbance which was formerly termed "traumatic fever" to the overpowering and speedily fatal septicemia, which is so nearly identical to snake bite in its effects upon the blood. Interposed between the two, we have acute and chronic pyemia. These phases of diseases differ widely, yet they are one and the same cause. Erysipelas is a disease which may vary in type from the slight form of inflammation, which is hardly more than an erythema to such severe forms as that which sometimes affects the scrotum, and not only causes sloughing, but often a fatal result. Can we detect the slightest resemblance between the two? I think not, yet they are the same disease. Inoculate your finger with blood drawn from a patient with erysipelas of the face and you may escape erysipelas entirely; if you do not it is apt to occur in a mild form. If, on the other hand, you inoculate yourself with the secretions from a sloughing scrotum and you do not die of septicemia, the least you can expect is phlegmonous erysipelas of a severe and dangerous type.

I would also call to your attention the vast difference which exists between the different forms of puerperal disease. Thus we meet with cases of peritonitis, cellulitis, phlebitis and acute fatal septicemia, all due to the varying conditions and effects of the same *materies morbi*. Further illustrations are perhaps unnecessary, but I must not omit the most important



analogy of all, viz., diphtheria. Present observations of a clinical character have shown us that the diphtheritis virus, germ, influence, or whatever you may choose to term it, is capable of producing many different phases of disease of the naso-pharynx, varying from a slight and apparently simple sore throat with little or no constitutional symptoms, to an exudative malignant affection capable of rapidly destroying life, and invariably producing the most profound constitutional disturbance. We know that epidemics of simple sore throat are closely associated with epidemics of diphtheria. With the coming and going of an epidemic of diphtheria, especially, as well as during its maximum dissemination throughout a community, we observe many cases which, while they do not present the typical character of diphtheria, and the diphtheritic micrococcus can not be found in the pharyngeal secretion, are, nevertheless, due to the same influences as diphtheria proper. When diphtheria exists in a family of several persons it is often observed that apparently simple sore throats will appear in some members of the family, while others are affected by genuine diphtheria and that the simple cases often become transformed into the more malignant type. Physicians in attendance upon cases of diphtheria are often affected by sore throat of greater or lesser severity; this being my own experience whenever I attend cases of this character for any length of time. A defective drain has been known to affect different members of the same family with morbid conditions of the throat, varying from trifling soreness to malignant diphtheria and also with varying types of essential fevers. I have mentioned these many facts which are apparently so foreign to the subject of chancroid and gonorrhea to demonstrate the varying results which may be produced by the evolution of the same poison.

Now, what is the reason that these so-called specific poisons manifest themselves so differently under apparently identical circumstances? Simply a varying virulence of the poison upon the one hand, and varying susceptibility upon the other, these variations being comprehensible to me only upon the hypothesis of evolutionary changes in the germ, as well as in its field of action, that is, the human system. Let us consider this hypothesis and see if the variations of the phenomena of disease is not dependent upon a variation in what has heretofore been considered an unvarying entity, a specific germ may not be an ingraft upon it, or at least a matter of development.



Let us take as our first point of departure those innocent germs cocci, or, if you please, minute organized particles, which everywhere exist in the atmosphere. These germs multiply by their own peculiar methods of pro-creation and such multiplication is favored or opposed as the case may be according to their environment. With heat and moisture, protection from light and air favor the development of many such organisms. It is obvious that successive crops of germs are possessed of properties which diverge more or less from those of the parent stock. This is an universal law that applies to all living organisms. The newly acquired properties are modified, or varied according to circumstances of environment. Whether it is the germ proper, their secretion, or excretions, if such there be, or new and complex compounds produced by their actions upon putrescible matter that produced their peculiar effects upon organisms more highly differentiated than themselves, it would be difficult to determine; but it is at least conceivable that sooner or later, in process of evolution, germs are developed which are possessed of properties by virtue of which they are capable of producing definite effects upon the human system. Thus we have by evolution the spontaneous generation of so-called specific poison. Now, do not understand me to say that the germs themselves are spontaneously developed, for, while such an event is perhaps possible, it is as yet disputed by the best scientific authorities. What I do claim is that the poison of disease may be developed by the evolution of and acquirement of new and toxic properties by germs which were primarily innocuous.

Having arrived at a stage of development where it is capable of producing definite morbid effects upon the system, we might suppose that this germ would cause invariably similar effects upon the human economy. But the law of evolution still follows the germ of disease in its tour of mischief, and as I have attempted to show you from a clinical standpoint, modifies the resulting phase of disease most markedly, independently of the special properties of the individual germ. The conditions modifying the results of germ infection are as nearly as I can understand them as follows: (1) The degree of virulency and vitality of the germ at the time it enters the tissues or blood of a human being; (2) the inherent vitality of the individual or his resisting power at the time of infection; (3) individual susceptibility to the particular disease represented by the germ, that is, idiosyncrasy; (4) the condition of the eliminative apparatus of the person affected; (5)

if the disease germ has special predilection for any particular tissue the result will be modified by the condition of that tissue at the time of its infection, as the typhoid bacillus and the common bacillus of Cholera Asiatica most readily affects those who have morbid conditions of the alimentary canal. Diphtheria is most apt to attack persons with acute or chronic nasopharyngeal disease; (6) one of the most important of all, the number of germs and the length of time during which the patient is exposed to their influence.

Now to attempt the application of this theory of the spontaneous development of specific poisons to the development of the viruses or germs of the local venereal disease. The idea that the chancroidal poison is one which has always been inseparable from the human species is, of course, untenable. Somewhere along the line of our ancestry, chancroid appeared, but, at what time, history does not tell us. The human race in general must have begun existence with considerable capital in the form of a healthy organization, and every disease which now affects unfortunate humanity must necessarily have developed since the species originated.

As the races have become differentiated or have diverged, new circumstances have been encountered which have modified the organism of the human being and, in course of evolutionary progression, many various diseases have arisen. This fact has been due to the following causes: First, the appearance upon the scene of weaker and more susceptible organization than those of the parent stock; second, changes of telluric and climatic influence; third, injuries and vicissitudes experienced in the struggle for existence, modifying the organisms of numerous individuals, such modification being transmitted to the descendants; fourth, varying character and quantity of food and drink; alcoholics within a considerable number of generations having exerted a marked influence; fifth, varying sanitary circumstances involving crowded poison and other forms of noxious and contaminating animal matter; sixth, varying personal hygiene, involving cleanliness, exposure to cold and wet and other influences which may modify individual constitutions; the question of sexual habits here enters into consideration and is necessarily of special importance in its bearing upon the evolution of the venereal disease; seventh, the gradual and certain evolution and differentiation of and acquirement of new properties by living germs. So much for the acquirements of disease in general.

Gonorrhea and chancroid have probably arisen in a manner precisely similar to the evolution of other infectious diseases,

and while it is premature to say that the poison of two diseases are precisely identical, I am firmly convinced that they are different in degree rather than kind, and of similar origin, to say the least. We are not lacking in authorities who believe them to be precisely the same. Dr. R. W. Taylor is one of the leading authorities who claim that chancroid is not a specific disease in the sense that we speak of variola, and that moreover, its poisonous secretion is precisely the same as that of gonorrhea. Dr. T. R. Sturgis also holds this view.

The origin of gonorrhea and chancroid must necessarily be the same if the evolutionary theory of their origin be correct. The vagina of the female is as excellent a nidus or hotbed for the generation of poisons as could be well imagined, and when we consider the large number of women who are affected by uterine or vaginal disease, it is a matter of wonderment that the venereal affections are so few in number and manifestation. There exists, even in perfectly healthy women, the circumstances of heat, moisture, protection from air and light, and the occurrence very often of local irritation in the form of excessive cohabitation. Superadded to these normal or quasi-normal conditions a suitable problem for the development of germs in the form of uterine or seminal discharges, and we are apt to have conditions decidedly detrimental, not only to the woman herself, but to the generative organs of any one with whom she may chance to have sexual intercourse. Few women are free from diseases. The woman who is perfectly sound is very rare, indeed, and, in the uterine discharges, bacteria may develop and wax fat. Many women, through ignorance in some cases, through natural physical indifference in others, are exceedingly unclean and allow both natural and unnatural secretions to accumulate until the conditions of their sexual organs is, indeed, filthy. This is especially the case in low-class prostitutes, and unfortunately is often the case among women who are respectable or quasi-respectable. As has been remarked by others in connection with the subject of urethritis and chancroid, the high-toned prostitute is not so open to impeachment upon the score of uncleanness as those of lower grade. In a general way it may be said that if every man could view for himself the actual condition of most of the women of easy virtue with whom he is brought in contact there would be a decided improvement in the moral tone of the community. I may also add that with the present unhealthy manner of living in vogue among the fair sex, many young men would



give up all romantic ideas of matrimony if they could but inspect the object of their ambition through the speculum of the gynecologist. So much for uncleanness and disease independent of the question of virtue and morals.

As the circumstances of uncleanness, unhealthy secretions, local irritation, heat, moisture, deprivation of free air and light favors the development of germs and particularly those of decomposition, it may be readily understood that after a time such a bacterial development actually takes place in the vagina of some women. The innocuous germs of the atmosphere enter and begin their work of procreation or multiplication in an environment scanty in its supply of oxygen and decomposition occurs, and with it new germs appear upon the scene which differ from the parent stock, and so the process goes on until a very irritating poison is developed. If, during this time the discharge from a diseased urethra be added to the noxious material, or, if semen be deposited in this hotbed of putrefaction, so much the better for the development of a specific poison. Selmi and Goutier have shown that poisonous alkaloids develop from putrefaction, and it is to these poisonous substances of ptomains that I am inclined to attribute the trouble in gonorrhea and chancroid. The decomposition of semen is especially likely to produce such a poison. If this be correct, it is to the products of the bacteria rather than to the bacteria themselves that we must attribute the results of chancroidal and gonorrheal secretions. It is, therefore, assumed that while bacteria may be present in cases of gonorrhea and chancroid, they are by no means necessarily so; this would explain why scientific observers have found bacteria or cocci in some cases, while they have been unable to do so in others. The varying degree of acidity and quantity of ptomains and the varying susceptibility of mucous membranes would explain the differences which appear to exist between gonorrhea and chancroid, as well as between mild and severe types of the same disease.

Now, as to the conditions which modify the results of the virus generated *de novo* in the human vagina are as follows: First, it is obvious that much depends upon the age of decomposition and the degree of inflammation present, and the frequency of coitus; the constitution and habits of the woman and the character of any semen or urethral discharges which may be deposited in the vagina and the degree of cleanliness of the woman; second, the amount and degree of virulency of the virus deposited upon the absorbent surface in another



individual; third, the cleanliness, local and constitutional conditions, habits and sexual hygiene of the recipient of the cultivated virus; fourth, individual predisposition. With reference to the latter point, Dr. Jordon Lloyd has made the following excellent remarks: "There can be no doubt that some individuals contract and even develop venereal diseases more readily than do others." There can be no doubt that all physicians from the nature of their calling must, during the course of each year, be exposed to infection of one kind and another, many hundreds of times. I am not aware that physicians take any particular precaution in the way of protecting themselves from these influences. Immunity does not in every case depend upon their having already suffered from attacks of various infectious diseases. How is it then that they so rarely become affected? It is because they have not the predisposition—whatever that word may mean—because their bodies do not present a suitable nidus for the growth and development of the germs of disease?

Again, in a class of cases more closely allied clinically and pathologically to those under discussion, how often do we see among hospital officers, men who are frequently developing crops of hospital furuncles on their hands and arms; others with constantly recurring sore throat, others with inflamed wounds and lymphatics from post-mortem abrasions, while at the same time and under precisely the same conditions there will be men who, year after year, remain free from all such trouble. Susceptibility of one class of individuals to certain poisonous influences, or insusceptibility of the other must be the explanation. There is nothing more strange in it than in that of many well-known idiosyncrasies; for example, the poisonous effects of eggs and tobacco on certain persons. This is the class of people in whom, as we well know, wounds are more likely to heal by granulation than by first intention. Lloyd speaks of such persons as follows: "These people apparently of robust health and iron constitutions, frequently have boils when their lymphatic glands inflame, and they often do, and the process more often terminates in suppuration than resolution. Trivial wounds in such people do not dry up at once; they heal by granulation. I believe these contract venereal diseases where ordinary mortals escape them.

Under the head of local conditions, phimosis, paraphimosis, balanitis, posthitis and herpes, not only modify the cause of chancroid, but undoubtedly act as predisposing causes. As a consequence of widespread variations that exist in the condi-

tions which I have given you, there may result from different inoculations of essentially the same products of decomposition different degrees of infection; thus the disease acquired by exposure to such irritating material may be, first, a simple balanitis, balanoposthitis, or venereal vegetation; second, simple urethritis; third, a virulent urethritis; fourth, simple venereal ulcers, indistinguishable from advanced herpes; fifth, classical chancroid. You may imagine I would find it difficult to show you just what variation in the development of the poison determined a gonorrhea upon the one hand and a chancroid on the other, but you will be perfectly safe in assuming that comparatively trifling differences in the circumstances of the development of the poison, as well as the differences in the local and constitutional condition and idiosyncrasies of patients are amply sufficient to account for the difference in results.

We will lay theoretical considerations aside for the moment and consider some of the clinical facts bearing out the theory of the development of chancroid and gonorrhea *de novo*, and its correlations with other and simple affections. First, it is found that the discharge from virulent gonorrhea, if confined by a tight prepuce, will cause quite severe inflammation and phimosis balano-posthitis, and, if not speedily relieved, excoriation and even ulceration will result; second, the discharge from these lesions, as well as that of gonorrhea, will often-times produce pustules if auto-inoculated. It will generally produce some inflammation and in experiments upon cachectic patients I have known the tissue to break down in ulceration which, I am free to say, appeared to me to be identical with some of the simpler cases of chancroid; third, the long continued contact of these secretions with the mucous membrane often causes a crop of venereal warts. These frequently result from simple irritating secretions, that is, in pregnant women, and are an occasional complication of chancroid; fourth, chancroid of the urethra is always attended by urethritis of a greater or lesser severity; fifth, gonorrhea and chancroid are often associated in the same patient, either appearing at the same time, or at such intervals that one can quite plausibly be due to infection by the secretion of the other; sixth, both diseases are contracted from the same woman. The higher class of prostitutes comparatively seldom convey either disease; seventh, I have, myself, examined women from whom both diseases have been contracted by different men at different times, and found them unclean, but, at the same time, free from both acute and chronic vaginitis

and chancroid; eighth, any of the urethral or genital lesions may be followed by suppurative bubo, different chiefly in degree from virulent bubo. I have succeeded in auto-inoculating pus from a bubo secondary to severe balanitis; ninth, it is always difficult to say where simple genital ulcer terminates and chancroid begins. The test of auto-inoculation is hardly fair, as it simply tests the degree of virulency of the ulcer; tenth, the natural tendency of chancroid is to lose its specificity in a short time and by a reversion of type to assume the benign characteristics of a simple ulcer.

I have been asked why all cases of gonorrhea do not present ulcerations if the poison be the same as that of chancroid, and why urethral chancroids do not destroy the entire urethra. Now, let me repeat that I believe the poisons are similar in origin and kind, but different in degree.

To the first question, I would answer, because the virus is not so highly developed as that which produces chancroid and because, moreover the urethra is a different structure from the glans penis, and is being flushed out by the urine. For that matter instead of pronouncing a case of chancroid of the urethra and complicating urethritis, why not call it gonorrhea with ulceration? Perhaps the former diagnosis is confounding *propter hos* with the *post hoc*.

In answer to the second question, I will state that the reason for the non-extension of urethral chancroid is the same as for its non-extension when it occurs upon the external surface of the genitals. As the virus invades increasing areas of healthy tissue, it necessarily meets with a resistance proportionate to the inherent vitality of the cells of healthy tissue, and, as a consequence, unless the local conditions are extremely favorable to the development of noxious and irritating secretions, the acidity of the virus becomes exhausted after a time. In addition to this fact we have the circumstances that there is more or less inflammation attendant upon chancroid and, as a result, we have an exudative barrier of greater or lesser extent thrown up about the poison which opposes its progress to a certain extent. If, however, the patient be uncleanly or unhealthy, or, if he be possessed of an idiosyncrasy predisposing to a phagedena, there is little vitality in the normal cells to oppose the inroads of the chancroidal process and so slight an exudative formation that rapid destruction of tissue is liable to occur.

Those latter points must be taken into consideration in our studies and treatment of chancroidal phagedena and phagedenic bubo, as they will be of great assistance to us in actual practice.—N. E. M. A. Quarterly.

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## LEST WE FORGET!

We are in receipt of an official brochure which purports to deal with the prophylaxis of consumption. Apparently it is intended for the eyes of the laity, and expected to be educational. Doubtless, information on this matter is needed by the people, and doubtless it is the duty of the government to provide such information; but it is equally the duty to provide an exact statement of facts and not exaggerations or suppositions. So far as we are aware the fact that consumption is slightly contagious has never been disputed, nor has any one claimed that the disease is inherited. Therefore why should it be claimed in this brochure that the contagious factor is a recent discovery and attempt to bolster up the statement by further claiming that it has been proven recently not to be inherited? Also, why should it be stated that cows with consumption convey the disease to children through the medium of their milk, until the theory has been proven? Is it necessary to set up a bogie man in order to prevent the people from using the milk from a sick cow, no matter what the disease? Is it possible that the fight for the prevention of consumption is losing ground and it is



deemed expedient to resort to such exaggeration? We hope not! Surely the real work in this sphere is too important and too strenuous for us to exhaust our energies in setting up and knocking down straw men.

### **"SEE NAPLES AND DIE!"**

**Eleanor Rinn Danforth, Los Angeles.**

To speak of the climate of California is like saying "the gold of Ophir" or "the cedars of Lebanon." It is almost as impossible to think of one without the other as the Siamese twins!

To the mind of the native of California, "climate" is something peculiarly her own, the rest of the earth having merely "weather." It is at once her chief asset and her bugbear. It has been advertised and commercialized. It is the lure to the unwary tourist, and the solace of those who proudly boast, "I have never been outside the state in my life." Irvin Cobb could see humor in the tense question, "How do you like our climate?" coming unanimously from bootblack and governor. To me, like the average resident, it is all seriousness. Should the outside world ever think of it except as "a land of sunshine and flowers," "an earthly paradise," the game would be up, the bubble burst, our beautiful city deserted,

("They say the Lion and the Lizard keep

The courts where Jamshyd gloried and drank deep"),  
and the circumambient desert would claim its own!

To me it is at best a beautiful contradiction, a cruel coquette. I am enabled by my five years' residence (and my own abnormality) to see both good and bad in it. "I love her fertile valleys," but I don't admire her deserts. Of the sunshine there is an overdose for ten months—and dust—then an almost total lack of it for the first two months in the year.

Last January it rained twenty-six consecutive days. At these times our bungalow becomes a veritable ark, and I looked in vain for the dove with an olive branch. About this time every year you will observe in the papers about the country, news of a terrible flood in California, and the local papers are obliged to admit it, too, but with surprise and chagrin, like a foolish mother apologizing for her spoiled darling: "Why he never acted this way before—I can't understand it." "It is very unusual." "Hasn't happened

for twenty years," one hears also when the mercury reaches 112°.

One common delusion is that it is never too hot or too cold. It is both, and the worst feature is, usually both in the same day. You eat your breakfast with hands and feet like ice on an average day. Heat? You don't need it, for by 10 a. m., you are quite comfortable indoors. At noon, you change from a thin house dress to a woolen street suit, go out in the hot sun and are nearly prostrated. You come home hours later, damp with perspiration, remove your coat, sit down in the shade and chill to the bone. Late in the afternoon or evening of a fine summer day you may feel tempted to sit on your porch. At such times always put on your sweater. Here every woman boasts two sweaters at least. One to face the world in, one to show her family, if they love her. Should you be invited to motor to the beach take both your sweater and overcoat. To enjoy the beach after you get there, you will need amber glasses and parasol, a pillow and a steamer chair, but all these things can be rented from old Neptune himself, not to speak of fishing tackle and baby buggies.

Everything is "for rent" in California. One can do house-keeping without owning a salt cellar, and even be buried without buying the lot. Thirty dollars will give you ample accommodations, three by six, with your lawn cared for and all the privileges of the club.

Flies and fleas, while not extra heavy per capita, are with us all the year round. San Francisco excels in the latter. Also in wind. Also in gaiety. Also in booze and crime. Only a very daring man cares to "do" Chinatown and the "Barbary Coast" after dark.

Yet Frisco is a good, bustling place, and I know our own rather mild Los Angeles is viewed by its denizens with contempt. In the east you see no such rivalry among cities. San Diego, though but a few hours' ride from us, boasts of its own superior climate. Pasadena has for us the scorn of Silk Stocking Avenue for the Reservation. Those living near the coast claim that "the interior" for excessive heat, is hardly inhabitable. Yet I have heard it asserted inland that the desert is far more healthful than our fog-soaked nights.

We have at times a terrible dust storm resembling a Simoon, which is called a "Santa Ana." I don't know why, except that Santa Ana is a poor, obscure little village, which

is no more subject to them than our city of the Angels. They probably there call it the "Los Angeles Special," just as our own "Attica Jerk" in Attica is spoken of as "the Covington punkin vine."

Another common delusion is that we have delicious fruit and vegetables all the year round raised by irrigation. They are lacking in quality and flavor. Would I not forego them all for one Winesap, a Grimes Golden, or a cluster of real grapes, Concord, you know—or real cherry pie,—or real anything!

Eggs have a different taste, and you really feel ashamed for the guilty bird until one day you eat fried chicken, then you realize that she has "done her sawdust best."

Milk—perish the thought! And meat—let them call it such!

Some people dine at the Hotel Alexandria, but most of us at cafeterias, for you may be sure you will get nothing good to eat anyway, so you might as well not pay much for it.

There are some good cooks among your friends, no doubt. "Grapple them to thy soul with hoops of steel"; dine with them frequently, and tell them how things are going "back east." It will do you both good. Remember we are strangers, too, and in a strange land.

To speak of its brighter side, our climate is fine for drying clothes, and for taking moving pictures, which is undoubtedly our chief industry. Don't fail to motor out from Hollywood to Universal City with its castles and dragons and little hospital a complete and unique miniature town—movies only. Charge for admission? Yes. This question anywhere will mark you a tenderfoot.

Go out by Cahuenga Pass, continue, and you pass over twenty miles of electric lighted boulevard. Another time enjoy the miles and miles of rose-bordered Sherman Way. Lunch in the shadows of some historic mission or in the shade of a flowering orange grove and you will see Southern California at its best. Another time, drive through fruitful San Gabriel Valley, and see the beautiful and fertile acres once "Lucky Baldwin's."

Ride out West Adams Street and Wilshire Boulevard and see if you don't feel like a millionaire! On a hot day keep riding right on and in a half hour you will be at the beach with its cool breezes and peculiar smells.

The sea is to me like the gulls, sublime from afar. I don't enjoy seeing the gulls in the filth of our city, where they

sometimes come for food, or scrapping among themselves. When one is about to light on your hat, it looms huge, awkward and repulsive. To be picturesque it should keep its proper place in the landscape.

So with the beach. In the distance I love it. On the spot it reeks of weenies, and worse. The glare of the sun on water and sand is blinding. It will give you a first-class headache, without the expense of visiting Nat Goodwin's Café out on the pier. And cheer up, if the fishing is poor—you will no doubt catch a cold. While it never gets very cold around the thermometer (I have often heard they are fixed), ours is the coldest cold per degree you will find on any part of the earth. I will guarantee it as such.

Returning from Venice stop off at Exposition Park. It has a good museum, valuable relics and paintings worth seeing. Visit Westlake Park (and come on out to see me. I am only a mile away, 125 North Coronado Street.)

I shall share in your first delight on seeing the moon shine through the palms. We shall forget the barren mountains above and the desert all about us, the blinding sunlight on pavement and beach. California in the nude I abhor. Let us have the magic veil of night, the draperies and frills of illusion, the glamour of romance, the spell of a strange land! To us be given the eye of an artist and a soul for beauty, and we shall be filled, and feel at last the same boundless enthusiasm thousands have felt for California, as one expressed it, "There are only two opinions about it; those of the people who have never seen it, and of those who have. The one says, "All these things can't be possible,"—the other, "the half has never been told."

To one who looks beneath the surface of things, the effect of this climate on character is an interesting study. Besides the looser moral tone that no doubt prevails, it will account for many strange things, e. g., why the Mexican eats red pepper and fights; why we have a Jap problem; why the school children are backward; why the grown ups are similarly afflicted. (I, who always had a mania *inscribiri*, can scarcely write a letter, and have post-card-itis); why you sleep and feel awake, awake and are sleepy, like the Lotus eaters. Explained in a nut shell, the reason is that the mind works best at 30° above zero. And to my notion it is a wonder that at 110° it works at all!

I am in receipt of a letter from a former Indianian in Frisco: "Wistaria is gracing every available wall and tree, and when it is gone, roses, roses, roses! The mountains are



wonderful and wild flowers marvellous. I was quite overcome with the gay carpet they made, 'white and pied and blue,' " but then, "I find myself harking back with a lump in my throat to apple-blossom time at home." Notice she says "at home." We all do.

Be it ever so pleasant we are only in exile here. I have at last an insight into the feelings of the old Romans who took their lives rather than endure exile; into what Napoleon felt at St. Helena; and into what even Hugo must have suffered in his comparative isolation at Guernsey—with Paris, the world well lost—outside Paris. "Paradise were wilderness enow." Give the world to roam in, an exile from home!

Often I have paused in the shade of an old pepper tree and wondered whether it was Christmas or Fourth of July; imagined it a maple and wondered whether the leaves are out yet back there.

In Hoosierdom this beautiful Easter is truly like a resurrection, a real spring. Shall I ever again see a robin, a red-bird, or a lilac?

Let me hope the august assembly does not put an old age limit to membership, and let me pray with Max Ehrmann to "Keep ever burning before my vagrant steps the kindly light of hope" of a return to Indiana.

—The Cross Keys.

## THE LOS ANGELES ECLECTIC MEDICAL SOCIETY

The regular meeting of the Los Angeles Eclectic Medical Society was held on Tuesday evening, September 5, 1916, at 8 p. m., at the offices of Drs. Welbourn in the Security Building. The attendance was unusually large, and the meeting was most enjoyable. The meeting was called to order by the President, Dr. Baird, who appointed Dr. P. M. Welbourn to act as temporary secretary in the absence of the regular secretary, Dr. Scudder. The minutes of the last meeting were read and approved. The paper of the evening was read by Dr. H. T. Cox, but had been written by Dr. Oran Newton of Long Beach, and was entitled "Potassium." This paper proved to be very interesting and was discussed by several of the members present. It was moved, seconded and carried that Dr. Baird write and read the paper for the joint meeting of the Homeopaths and Eclectics which will be held in the near future, although the exact date has not been announced. It was moved, sec-

onded and carried that Dr. Clinton Roath read a paper at the next meeting to be entitled "Hemoptosis" and which will include a more detailed report of the clinical case which he reported this evening. The next meeting will be at the same hour and place on October 3, 1916.

Adjournment.

A. P. BAIRD, Pres.

P. M. WELBOURN, Sec.

### NEWS ITEMS

Dr. W. E. Smith, Whittier, has been a frequent visitor at the Westlake Hospital for the last few weeks. The Doctor's small son was a patient in the Hospital for a few days.

Dr. G. W. Groth, who is located in Sierra Madre, has had some very interesting cases in the Westlake Hospital during September, one being a case of Appendicitis with perforation; another a case of Hodgkins' Disease.

Dr. J. R. Buckingham was in Los Angeles recently, at which time he purchased a Buick Roadster; unfortunately while making the return trip he met with an accident in the mountains. The Doctor was uninjured, but a man riding with him was badly hurt, and the machine had to go into the shop for repairs.

FOR SALE:—Treatment apparatus complete, consisting of Ferguson operating chair; screen, Birtman Wall Plate, with all attachments, chairs, etc.; value \$200; will sell for \$95. John Wilferth, O. T. Johnson Bldg., Los Angeles.

Mrs. A. E. Smith, who has been the Superintendent of the Westlake Hospital for the last two years, resigned on September 1, and was succeeded by Miss Cora Mathis, who has been connected with the Hospital in different capacities for the last five years.

Dr. Ruth Wirick, a former student of the C. E. M. C., graduated at the E. M. C., Cincinnati, this year, then she passed the Ohio Board, and has now returned to her home in Pasadena, but has not decided on her future location.

Dr. H. T. Cooke, a former student in the C. E. M. C., graduated from the College of Physicians and Surgeons, Los Angeles, this year, and is now serving as interne at the Los Angeles County Hospital.

The next meeting of the California State Board of Medical Examiners will be held in Los Angeles on October 3rd. Dr. H. V. Brown is the Eclectic member of the Board.

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## Original Contributions

### ELECTROTHERAPEUTICS

W. M. Forster, M. D., San Francisco, Cal.

Read before the Eclectic Medical Society of the State of California.

Some years ago I made a clipping from "The Electro-Therapeutist" which contains the following paragraph: "The truly scientific physician, who has a broad conception of his task, and has the welfare of his patient at heart, is ever on the alert to find better ways and means, for the accomplishment of his work. He tries to enrich his knowledge and to enlarge the scope of his resources. He is not tied down by any method or system; he tries to be above method and systems, by making them all subservient to his purpose; he even goes beyond established methods and systems. He is progressive. He tries to

"Not be the first by whom the new is tried  
Nor be the last the old to lay aside."

He is conservative and yet progressive. He is the best type of modern physician; he is the true Eclectic in the highest sense of the word."

In introducing the subject of Electrotherapeutics, the above quotation is worth thinking over. The day when Electro-Therapy was left entirely—or nearly so—on the hands of empirics is past. The evolution of the modern physician has opened to our knowledge vast fields of thought and usefulness which have already benefited millions of the human race, and we are yet only on the threshold.

Electrotherapeutics, however, is only a branch of medicine and the careful physician will avoid the pitfalls into which so many well meaning men have fallen and who be-

cause of their failure became discouraged and pronounced the whole matter "a fad."

Much may be learned by studying the failures of others and a recognition of the wonderful results achieved by the aid of electricity, for good or ill should impress our law-makers with the necessity of limiting the practice of Electrotherapy, to those who are sufficiently educated in a knowledge of Electrophysiology, Electropathology, Electrostatics and Electrotherapeutic indications.

At a meeting of the San Francisco County Society of Physicians and Surgeons many years ago, the writer was asked for a paper on the question, "What is Electricity?" With supreme confidence in my ability to answer so simple a question, I undertook the task. After burning the midnight oil for fourteen consecutive nights, I was forced to confess that my paper (two sheets of foolscap) was a dismal failure, as well might I have attempted to answer the question, "What is Life?"

Our knowledge of Electricity may be lacking, but the results obtained by the use of Electricity in its various forms are sufficiently evident to appeal to the novice.

We already know that many diseases have Electrotherapeutic indications, but Electrotherapy is not, and in my opinion never will, become a system of medical practice.

Combined with Hydrotherapy, Electricity has been used with remarkably good results in many cases where the internal administration of medicines had proven of little, or no avail, but for its use, in this form, special apparatus and environment are necessary. Properly applied, however, I believe much good may be accomplished by its employment in this manner.

Electricity is the "missing link" between surgery and medicine.

In limiting the growth of some forms of Fibroid Tumors I have proven its value in quite a number of cases; in various forms of Papilloma; in strictures of the Rectum and Urethra; in some cases of Lupus Vulgaris and Epithelioma; in Goitre, and as an adjunct in the treatment of Exophthalmic Goitre I have found it very useful. In the vomiting of pregnancy, I believe, much relief has been obtained by Galvanization of the Vagi, the usual method being to apply two small electrodes below the ends of the Clavicles and using from 5 to 10 milliamperes for from 10 to 30 minutes, about 10-minute treatments usually proving effective.



In Pruritis Ani and P. Vulva I use the High Frequency current with good results.

In this age of nervous unbalance, of "brain-storm," etc., many uses for Electric treatment, not mentioned here, will suggest themselves.

As suggestions merely, I would draw your attention to the following list of ailments, where Electrotherapy has proven successful in the hands of careful and conservative physicians—and the list is far from being complete: Uterine displacements, Infantile Uterus, Dysmenorrhoea, Sub-involution of Uterus, Intestinal obstruction, Torpid Liver, Dilation of the Stomach, Atonic conditions generally, particularly of the Stomach and Intestines, some forms of Paralysis, Sprains, Bruises, Sciatica and other manifestations of nerve troubles, faulty metabolism, etc.

Of its effects in the treatment of the early stage of Pulmonary Tuberculosis, I cannot speak positively, but I believe I have materially benefited many, with frequent and prolonged inhalations of Ozone, developed by the Static Machine.

Dr. Morton of New York once said, "Time was, and that not so many years ago, when so-called galvanism and faradism held complete sway, in the ordinary medical mind; Galvanism and Electrolysis—Faradization and mechanical action—together with a mummerly of Metaphysical abstractions, were the Shibboleth of conscientious practitioners and charlatans alike. This state of affairs was convenient for those in medicine and surgery, who, unwilling to inform themselves, could thus relegate Electrotherapeutics to the hospital nurse; and equally convenient to the charlatan who was thus invulnerable in his veil of mystery."

I am glad to be able to say that Professor Morton's strictures on the ignorance of the average practitioner in regard to Electrotherapeutics, no longer holds good, but there is great room for improvement in our knowledge of this invaluable aid to the practice of medicine.

### SEPIA

G. W. Harvey, M. D., Fillmore, Cal.

Read before The California Eclectic Medical Society.

Every doctor has one or more sepia cases. Generally in the person of a woman past middle life, and getting along toward her dotage. There are yellowish blotches on the sides of the face, generally on the zygoma, and they some-

times amount to scabs. There may be a yellow line across the root of the nose, but at any rate there is a red tip to the nose.

There will be an all-gone sensation in the abdomen, and it doesn't seem to do any good to eat. Very likely there are thick greenish scabs in the nose and throat that are blown and hawked out.

There will be red, adhesive sand in the chamber in the morning, or else a pink settling that represents about one-third of the amount of urine passed.

There will perhaps be an eruption in the eyebrows, left one particularly, that is always present. It comes up as little red spots and finally scales off but never matterates.

This is preeminently the old woman's remedy, where you have this set of symptoms present, and it will do your heart good to see the old lady clear up mentally, physically and facially, and the red nose, that made her look like a toper disappear forever. Try it, doctor, in about the 30th or 200th, one dose a day for a few days and then rest awhile, and give it again. It's a winner.

## ABORTION

Henry M. Owens, San Francisco.

Abortion is defined to be the delivery or expulsion of the human foetus prematurely, or before it is yet capable of sustaining life. (3 Iowa 274; 66 Am. Dec. 77; 13 Pa. St. 361; 17 Oregon 130.)

Intent constituting the graveness of the offense, the means employed to cause or produce the abortion is immaterial; the means adopted may be unusual, provided the intent to produce an abortion exists. (3 Pittsb. Pa. 462.)

Unlawfully administering or prescribing a drug, medicine or other noxious thing to or for a woman, with intent to procure her miscarriage, constitutes, by some statutes, an offense, (40 Fla. 144). The drug or substance administered need not be poisonous in the general acceptance of the term (1 Colo. 514). If the quantity of the substance prescribed is capable of producing a miscarriage, it is a noxious thing within the meaning of the statute (Reg. vs. Hollis, 12 Cox C. C. 463). However under statutes prohibiting the administering of "any drug, medicine, or substance," with intent thereby to cause a miscarriage, it has been held that the substance need not even be actually capable of producing miscarriage,

provided the party administering it believed it would produce a miscarriage (31 Am. St. Rep. 148; 22 Minn. 238; 43 N. J. L. 36).

The act of administering a drug consists not simply in furnishing or prescribing it, but also in directing and causing it to be taken; (39 N. J. L. 598); but neither a delivery of the drug by the hand of the one alleged to have administered it is not a taking of the medicine in the presence of defendant seems to be necessary (14 Am. St. Rep. 362).

One giving a pregnant woman an instrument designed and intended for a lawful purpose, and instructing her how to use it for the purpose of producing an abortion, is not guilty of a violation of a statute providing that any person who has in his possession, with intent to sell, loan, or give away any medicine, article, or thing designed or intended for procuring an abortion, shall be punished on conviction (16 Gray, Mass 602).

At common law it is a criminal offense to cause or procure an abortion upon a woman who has become quick with child, but as to whether a common law offense is committed by causing or procuring, with the consent of the woman, an abortion before such a quickening, there is a conflict of authority. However, by statutory provisions the necessity of a quickening has generally been done away with so far as making it one of the essential ingredients of the offense (31 Am. Rep. 148).

Consent of the woman does not affect the criminality of the offense and the death of the mother is not necessary to the commission of the crime of abortion (95 Am. Dec. 776; 127 Mass. 15).

At common law, as well as under some statutes, an actual abortion must follow the administration of the noxious substance or the use of the instruments in order to complete the offense; but under statutes prohibiting the administration of any drug or the use of any instrument to "any woman" with intention thereby to produce her miscarriage, a resulting miscarriage is not as has been pointed out, essential to the commission of the offense (33 Tex. Crim. 98).

Advising a woman to take a drug with intent to procure a miscarriage may, under the provisions of some statutes, constitute a criminal offense. It is not necessary, it seems, to the consummation of this offense that the woman should actually take the drug (40 Fla. 527).

An attempt to commit the crime of abortion may constitute a punishable offense (109 Iowa 130). Merely soliciting

a pregnant woman to take a drug for the purpose of producing an abortion does not, however, constitute an attempt to commit abortion (76 Md. 524). At common law an unsuccessful attempt with the mother's consent, to effect the destruction of an infant quick in its mother's womb was deemed to be a misdemeanor; but an attempt by the woman to produce her own miscarriage has been held not to constitute an offense unless she was at the time quick with child (15 Iowa 177). The person administering the drug is not an accomplice of the woman (27 N. J. L. 112), but one who, knowing the purpose for which a drug is intended, furnishes it to one who administers it, is an accomplice (155 Mass. 274).

**Advice of Physician:** Under statutes prohibiting abortion unless the same shall have been advised by two physicians to have been necessary to save the mother's life, the fact that the abortion was actually advised by two physicians to be necessary to save the mother's life will of course constitute a valid defense, but the fact that one of the defendants, being a physician, deemed it necessary to perform an abortion to save the woman's life, is not defense. Under a statute providing that it shall be an offense to produce an abortion unless necessary to preserve the life of the mother or unless it shall have been advised by a physician to be necessary for that purpose, the existence of the necessity, or the fact that it was so advised by a physician, each constitute an adequate defense, and it is not essential that the necessity and the advising that it was necessary shall both exist (93 Mo. 390; 79 Wis. 357).

It is a good defense for a married woman charged with the production of an abortion to show that it was committed by her under the coercion of her husband. The consent of the woman to the production of the abortion is no defense to a prosecution of the person producing or attempting an abortion (34 Ohio St. 127; 95 Am. Dec. 776; 116 Mich. 264; 116 Mass. 47).

A physician may give his opinion as an expert on a subject concerning which he has had no practical experience and his knowledge of which is derived from study alone. He is not disqualified to testify as to conditions which he found on a post-mortem examination merely because he made the examination without authority (53 N. H. 484; 185 Ill. 582; 132 Mass. 261). Hypothetical questions, assuming the facts concerning which evidence has been introduced, may be propounded to experts and they may testify to mat-



ters within the scope of their special knowledge and experience, and which are beyond the range of general knowledge (6 S. W. 542).

A physician who has examined one on whom an abortion is alleged to have been performed may testify as to whether or not, in his opinion, it was produced. Such evidence is not admissible, however, when based in part on statements made to the witness by the woman, as to what had been done (54 Am. Rep. 661). An expert may testify as to whether or not in his opinion the woman was pregnant, and, in case of her death, may give his opinion to rebut the opinion of experts (30 N. E. 163).

## RECURRENT INGUINAL HERNIA AND ITS TREATMENT

I. A. Wheeler, M. D., Healdsburg, Cal.

Read Before the California Eclectic Medical Society.

I will not take your time by giving a description of a case, its pathology or causes, but content myself with giving the technic I have followed for the last few years with apparently good results.

The usual oblique incision is made passing directly over the external abdominal ring. Cutting down to the fascia, the tissue that makes its exit at the upper edge of the ring is the hernial sack. This is picked up with a pair of forceps and carefully incised making an opening into the sack large enough to admit the forefinger of the left hand. This finger is carried down to the bottom of the sack, then raise it up out of the wound with the finger still in the sack with a blunt dissector, pair of forceps, or blunt scissors free the sack from all surrounding tissue clear up to the ring. Sometimes this can be done by simply pushing them back with a sponge. The next step is to free the edges of the fascia from all fat and separate them as far either way as there appears to be any weakness. Now we pick up the vessels and strip them from all excessive tissue; this makes a small mass to be transplanted not larger than a lead pencil, but before transplanting this we must attend to our sack. Dr. E. H. Pratt pushes the skin and fat up and takes a sharp pointed pair of forceps and passes down through the fascia and heavy muscle above the hernial opening, bringing the point out through the ring and grasping the sack, bringing

it up through the opening and attaching it here. Then Pratt sews the wound up in the usual way. Murphy strips the vessels as before described and transplants them into a new slit in the freshly split fascia; then sews as Bassini does. But on getting where the Mayos are they say all you have to do so is to seize the muscle and fascia on the lower side of the wound and make a right-angle incision through the muscle and fascia and transplant the vessels sideways; this leaves it straight, plain sewing for your muscle and fascia and closing the fat and skin in the usual way.

To recapitulate: Make the ordinary incision, dissect the sack and transplant it upward through the muscle and fascia after Pratt, strip the vessels of all superfluous tissue after Murphy, transplant the stripped vessels downward at right angles to the wound after the Mayos. Making an operation that combines the prominent features of each man's work, and one which has proven to be of value.

### NEW REMEDIES

John Uri Lloyd, Phar. M., Cincinnati.

The fact that nearly all our popular remedial agents were at one time introduced as "new remedies," is not only easily illustrated by the records of past literature, but some of them stand out clear in the memories of many who are today with us. Among the many "new remedies" that have thus come into conspicuity, to live or die as the case may be, none have been more attractive, I take it, than those mentioned in the article following. The stories of these remedies must be not only interesting to those who have recently come into the medical and pharmaceutical fields, but pleasurable as reminiscences to a lingering few of the olden time. To this it may be added that although this record is made off-hand from the writer's memory, it is not likely that many historical errors or incorrect statements will be found therein.

**Alcohol as an Antidote for Carbolic Acid. Glycerin as a Solvent of Carbolic Acid.**—The question is often asked whether alcohol is an antidote for phenol (carbolic acid). The recent investigations of Dr. M. I. Wilbert, Hygienic Laboratory,\* Washington, D. C., show quite conclusively that alcohol is **not** an antidote, other than as a diluent, to phenol poisoning.

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\*Some Fallacies Regarding Phenol, by M. I. Wilbert. Reprint No. 336 from Public Health Reports, United States Public Health Service, April 28, 1916.

We remember well when phenol, about 1865, became conspicuous before the medical and pharmaceutical professions. We knew little, then, regarding its qualities and solubilities, and were much disturbed by the inquiries of physicians as to how they could administer or apply the acid and what was the best solvent therefor. It was found on experimentation that glycerin made the acid soluble in water, and that fact being exploited, led to physicians' prescriptions in which carbolic acid and water were brought into solution by means of glycerin. The exact proportions were not, so far as we know, determined at that date, but in the pharmacy of W. J. M. Gordon, where the writer was then employed as a clerk, a mixture of equal parts carbolic acid and glycerin was utilized as the standard mixture, physicians prescribing the same, to be added to their prescriptions or to water in whatever proportion they desired, the mixture being perfectly soluble and transparent.

This feature of the phenol record is the more firmly fixed in memory by reason of the fact that Gordon (W. J. M. Gordon) and his brother (O. F. Gordon) were the pioneer manufacturers of glycerin of the Central West. Mr. Gordon was naturally continually looking for opportunities, commercially and otherwise, for utilizing glycerin.† The solubility of carbolic acid with glycerin was broadly brought before the medical profession of Cincinnati, and it is a matter of regret that some of the old circulars of Mr. Gordon, of that date, are not now in existence. They would stand as pioneers in the direction of the commended uses of glycerin, which was then "a new remedy" and in an experimental stage. Several different qualities were manufactured by Mr. Gordon, as follows:

1. **Crude Glycerin.**—This was a black, offensive, molasses-like liquid, which was practically the boiled-down "sweet water" of the soap works.

2. **Printers' Glycerin.**—This was the crude glycerin, partly purified. It was syrupy, clear, but of a rank odor. It was employed in the making of "printers' rollers," which up to that date, so far as we know, had been made almost exclusively of a mixture of water and molasses, that product being much inferior to the glycerin-rollers made with glycerin and gelatin or glue. Mr. Gordon, in introducing his "Gordon's Printers' Rollers," was perhaps a pioneer in that direction.

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†"Glycerin—Its Mission (so to speak) as a Remedy, as an Adjuvant and as a Solvent." By W. J. M. Gordon, Cincinnati. Proceedings of the American Pharmaceutical Association, 1864.

His compound was in very large demand and was sold in great quantities to manufacturers of printers' rollers.

3. **Gas-Meter Glycerin.**—This was a form of glycerin purified beyond the printers' ink glycerin, and diluted with its bulk of water. It was used in the "wet gas meters" that then prevailed, the advantage being that it would not evaporate, as did alcohol, and would not freeze, as did water. For this quality of glycerin, also, there was an extensive demand from the gas companies of different cities.

4. **Gordon's Concentrated Glycerin.**—This carried some water, was of a straw color, and always contained enough organic matter to give it an odor, sometimes quite disagreeably strong. It was always put up in round bottles, holding one pound.

5. **Gordon's Pure, Odorless Glycerin.**—This was the most highly refined of any glycerin of that date.\* It was concentrated to the limit of the opportunities from odor by animal charcoal. It was put in oval bottles and commanded a price of \$1.25 a pound.

6. **Gordon's Perfumers' Glycerin.**—This was designed for the use of those who made and bottled trade perfumes. It was commended because it did not readily freeze, being a mixture of equal parts of glycerin and water. It was for some time extensively employed.

7. **Gordon's Scented Glycerin for Chapped Hands.**—This was made by mixing concentrated glycerin (above described) with its bulk of rose water. This preparation was at one time very popular. In the old style, paneled, one and a half ounce bottle, it retailed for 25 cents.

At that date Bowers of Philadelphia was, if I remember correctly, the only other manufacturer of glycerin. The tradition in Cincinnati was that "Bowers," and the standard manufacturers of chemicals, "Powers and Weightman," were in some way connected, but if this were a fact I never knew it to be determined with exactness.

Being thus from the very beginning interested in the carbolic acid-glycerin problem, the writer was naturally much concerned in the assertion that alcohol was an antidote to carbolic acid. In the pharmacy of Mr. Gordon numberless experiments were made for the purpose of determining the field of usefulness of glycerin, and, if we remember correctly, the dilution of carbolic acid by means of alcohol and water, or water and glycerin, or simply by alcohol, was considered

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\*"Bower's Glycerin," of Philadelphia, excepted.



as being merely the question of a diluent, the acid carrying its energetic action, but diluted.

In these experiments we learned that **strong** carbolic acid on the skin quickly acted as an escharotic, turning it white and benumbing the part affected. When a dilution was made it carried the same qualities, but more slowly, until at a certain limit of a very weak solution the mixture could be used as an antiseptic wash, which became a great favorite with physicians of that date.

When first the assertion was made that alcohol would antidote carbolic acid, the writer received numberless questions from physicians regarding this problem. To all these he replied that he could see no chemical reason for such an action, but that, in his opinion, the carbolic acid would still remain carbolic acid. In this he spoke only as a pharmacist, but he called attention to the fact that he had known physicians to advocate the use of the **most concentrated** (pure) carbolic acid for application; where its escharotic action was desired, arguing that it coagulated the tissues in such a way as to prevent the absorption of the acid, whereas the **dilute acid was rapidly absorbed**, leading to toxic action. Reasoning from this, it was his opinion that neither glycerin, alcohol, nor any other diluent such as these, would prove to be an antidote for carbolic acid.

In the investigations recently made in this direction by Professor M. I. Wilbert, of the Hygienic Laboratory, Washington, a statement is made to the effect that it depends upon **when the alcohol is used**, as to the action it may have. If it be given **after** the phenol is taken it will aggravate the result, which seems rational, in view of the fact that a **solution** of carbolic acid is more readily assimilated than is the concentrated.

At the meeting of the American Pharmaceutical Association in Cincinnati, 1864, Mr. Gordon exhibited to the society a number of syrups, prepared with glycerin instead of sugar, and accompanied this exhibit by a paper descriptive of the uses of glycerin.\* The writer, then an apprentice of Mr. Gordon, well remembers the interest Professor Proctor and Professor Parrish took in these syrups.

**Compound Syrup of Hypophosphites and Compound Syrup of the Phosphates.**—Whilst in the reminiscent mood, as shown by the preceding article on alcohol, glycerin and carbolic acid, it might be well to make a record of two syrups exceedingly popular in times gone by, under the above titles. Well do

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\*See footnote, page 253.

we remember when these were in the class of "new remedies," to which we will add that the "push," commercial as well as professional, given these two remedies, has scarcely been excelled by any remedial agent introduced during the past half century, if at any time. Indeed, the story of practically all the established remedies, traced back to their origin, parallels, more or less, that of glycerin, carbolic acid, and these two syrups.

Compound Syrup of Hypophosphites flashed upon the therapeutic and pharmaceutical world in the early sixties, coming under the authority of Professor Churchill, a prominent physician specialist in a London hospital for tuberculosis. Arguing from a scientific stand as well as from its therapeutic effect, Professor Churchill considered this compound so highly that he recommended it as a "practical cure for consumption." Indeed, the name first given Compound Syrup of Hypophosphites, in the circular that introduced it into legitimate pharmacy in Cincinnati, was "Churchill's **Specific** for Consumption," and under this name it was made a specialty by W. J. M. Gordon & Brother, then (1863) one of the leading prescription pharmacists, as well as manufacturers of medicines, in Cincinnati. Never have we known a newly-introduced remedy to surpass in immediate favor of the medical profession, that "new remedy" introduced as a "consumption cure." Different pharmaceutical compounds were at once devised (sometimes to the exclusion of one ingredient), by which different semi-proprietary preparations were thrown upon the market.

The original formula read, "Churchill's Specific for Consumption, or Compound Syrup of the Hypophosphites, composed of the hypophosphites of iron, lime, soda and potassa." These ingredients were made into a syrup with sugar and water, to which Mr. Gordon added, as a special form of one of his preparations, enough glycerin to enable him to include it among his glycerin preparations. And in this his position could then have been strongly fortified, because one of the many extravagant claims made for glycerin at that date was that it was a "tuberculosis remedy" as well as a "fat maker."

The subsequent history of Compound Syrup of Hypophosphites is well known. It became official in the Pharmacopeia of the United States; it entered into many extemporaneous "cures"; it became in many directions an advertising specialty, and that it is not yet dead may perhaps be largely accounted for by the fact that it is so easily made and so readily advertised under such conspicuous authorities as have commended it in that ever-prevailing disease, "consumption."

One of the troubles connected with the original Compound Syrup of Hypophosphites was the disturbing nature of the iron carried in the compound. A syrup containing this ingredient was inclined to turn red, which was an annoyance, because very soon the people began to purchase the syrup over the drug store counter. But sometimes the syrup would be red, sometimes it was colorless, and again it would be colorless when purchased and would then turn red, all of which not only disturbed ignorant counter purchasers, but was very provoking to the manufacturer. In searching for methods to correct this fault, it was found that an excess of hypophosphorus acid retarded, or even prevented the change, so that the compound was often made, as recorded on the label, "with excess of hypophosphorus acid." Afterward, an addition of citrate of potassium was employed for the same purpose, but it was not difficult to overcome the entire trouble by the simple expedient of leaving out the iron.

**Compound Syrup of the Phosphates or Chemical Food.**—About the same date as the introduction of Compound Syrup of Hypophosphites, the talented Professor Jackson of Philadelphia, deviser of "Dr. Jackson's Cough Syrup" (a morphine compound, once very popular), theorized that a deficiency of bone substance could be overcome by artificial means, by feeding soluble calcium phosphate to people thus afflicted. Thus was introduced the **Compound Syrup of the Phosphates**, containing the "phosphates of iron, lime, soda and potassa," the chief among its ingredients being calcium phosphate. This pharmaceutical preparation appearing simultaneously with "Churchill's Consumption Cure," and being likewise colorless, and the term phosphate resembling phosphites, needed to be distinguished from the then popular Compound Syrup of Hypophosphites. To prevent the confusing of the two syrups, whose names were, to ignorant people, very similar, Mr. Gordon and others colored the Compound Syrup of the Phosphates red with cochineal, and strongly flavored it with spearmint. This was a very necessary precaution in those days, when remedies such as these were sold in large amounts over the counter to consumers. However, "Jackson's Bone Food" did not become popular, for it did not prevent, or overcome, for example, a weakness in children leading to their becoming bow-legged. It was demonstrated conclusively, we take it, that artificially prepared phosphatic food did not parallel the life-involved phosphatic compounds found in vegetation. Long since passed away "Jackson's Bone Food," but "Churchill's Consumption Cure" remains with us today.



# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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## CONGENITAL IMPERFECTIONS

Physical perfection is an ideal doubtless unattainable but still worth striving for, because in so doing the general average of excellence is raised. Many cults devote their energies to physical development of the individual, and a few to the question of more excellent parents. We personally know those who feel that they made an unwise choice when selecting their parents, and sometimes their lament causes them to neglect their own progeny. But to the point! We may not agree that mental or spiritual characteristics are inherited, for it is debatable ground and each one is permitted a choice. But it cannot be gainsaid that physical characteristics are inherited from one or both parents, and many times a peculiarity appears in several generations of a given family. As physicians, we are especially interested in the defects, for these so often affect the health of the possessor. For example, a person born with undersized lungs is prone to develop pulmonary tuberculosis, while a person born with defective lymphatics is prone to develop lymphatic tuberculosis. Also, an inefficient development of muscle in the cardiac or gastric wall



means dilitation, in each instance to be followed by its respective signs and symptoms. Each abdominal organ is held in its proper place by various supports, mostly ligaments, and should these be too long or too short, displacement follows and trouble is at hand. A multitude of symptoms will arise and the patient will be treated for a like number of diseases, with but little or any relief. Such cases are very confusing, and at best the true etiology may be obscure. A careful, and possibly repeated, examination is necessary, keeping in mind that physical defects are frequently multiple and varied.

### THE RESPONSIBILITY OF THE PHYSICIAN IN THE CONTROL OF CANCER.

By Alfred J. Brown, M. D., F. A. C. S., New York City.

It is an unusual privilege for one person to participate in the early stages of two campaigns against diseases which are taking great toll in human lives. On this account I deem myself particularly fortunate in having the honor to appear before you tonight and speak to you on the subject of cancer, for it was not many years ago, in another city of the State that I had the good fortune to assist actively in the early part of the organization of the state-wide campaign against tuberculosis. At that time tuberculosis was beginning to find its place as one of the diseases which could be successfully combatted. Was being recognized as a curable disease, and the picture of the so-called consumptive in the last stages, the picture painted in glowing colors on the perceptions of the laity, a hopeless and incurable invalid, was being replaced by that of a rather robust looking semi-invalid, living a rational open-air life, and at the end of a variable period being pronounced cured and returning to his work as a healthy and producing member of the community. Although the two problems, cancer and tuberculosis, differ medically in their symptoms and in the diagnosis, still the same things may be said of both. In the last stages a pathetic hopeless picture. In the early stages hopeful and almost certain of ultimate cure. We are now in the problem of cancer about where we were in the problem of tuberculosis ten years ago, and cancer is beginning to gain the attention that it deserves both from the medical profession and from the general public.

At the outset the campaign against tuberculosis looked just as formidable and just as difficult as does that against cancer,

and still one can look back over the few years and see the tremendous good that has been accomplished by that campaign. The same will undoubtedly be true in cancer, provided only that the medical profession will take the same active part in the work and become active educators as they did in the tuberculosis campaign. Already the work is actively begun, and for the past three years the American Society for the Control of Cancer, which I have the honor to represent before you this evening, has been vigorously pushing the campaign against the disease.

A few words as to the aims of the society may not be amiss. It is national in its scope, and organized somewhat along the lines of the National Society for the Study and Prevention of Tuberculosis. Its directors are located throughout the United States, the greater number being from New York City. The executive secretary, Mr. Curtis W. Lake-man, a layman, does the work of the society under the direction of the Executive Committee. The aims of the society in the main are two. First, to obtain better statistics regarding cancer, and second, to give to the laity such information as is known concerning the disease. The first is being obtained through co-operation with the Director of the Census and various hospitals throughout the country, and the second by means of literature, lectures and co-operation with the medical profession.

Some time ago, in one of the current magazines, I read a story which made quite an impression upon me at the time, and that impression received then has remained and appears to me particularly appropriate to the talk that I am going to give this evening. The story dealt with the life history of a young advertising agent who started in a rather peculiar way. He wanted a position under a certain man, and it seemed to him that the simplest thing to do was to go and ask for it. This he did and eventually received the appointment. He went along in just this way throughout his entire career, doing the obvious thing, until finally he became known as Obvious Adams, and this was the title of the story. Doubtless many of you have read it. The author of the tale showed conclusively that there was nothing secret or hidden about the business in which the man was engaged, but that the things people in general wanted to know were the simple obvious facts with the obtruse things left out. He furthermore showed that in this individual case it was successful, for the man picked the right facts, and cited many instances to prove his points. It seemed to me in thinking the matter

over that the moral of the story, if it could be called such, is a good one, namely, the simple obvious facts are the telling ones, and in my talk tonight I shall try to deal with the problems before us by dwelling upon the obvious facts—as I see them—and I trust that I may in part at least be successful in picking the right ones.

To begin with—what do we know about cancer? Our knowledge may be divided into both positive and negative facts. We know many things that it is and of more importance from the standpoint of instruction of the laity, for which we as physicians are responsible, we know many things that it is not, and some of these things contradict deeply seated ideas and conceptions of the disease possessed by the general public.

We know little concerning its actual etiology. The workers in the laboratories have given us no clue to this, but in the course of their investigations extending over a period of many years, many positive facts have been determined. Cancer consists of an abnormal overgrowth of cells normally present in the body in certain positions; namely, the epithelial cells for carcinoma and the connective tissue cells for sarcoma. Furthermore, we know that in the early stages of the disease this growth is always local. The growth consists of a local focus of overgrowth, hemmed in as it were, even though not encapsulated and does not include neighboring parts or form metastases either through the lymphatic or hæmal circulations and consequently being local is subject to absolute and permanent cure by surgical means which consist in total removal. This fact alone is of great importance from the lay point of view. For many persons believe thoroughly that cancer is an incurable disease and once let an individual develop cancer, that individual is doomed beyond any question of doubt.

For this state of mind we physicians are in part responsible. When we have a case of cancer, we are very apt, though instituting proper measures for its removal, to hide from the patient and possibly his friends, the nature of the disease. Our failures to cure our cases which have come to us beyond the hope of cure are known widely and consequently the laity hears of the fatal cases, but does not know of the successful ones. In general, it may be said that we “spare the rod and spoil the child.”

Should a cancer be allowed to progress without removal during the early stage it invades neighboring tissues and spreads to other parts of the body by metastasis. It has

then become a general disease and is beyond the hope of cure either by medical or surgical means and the result is always fatal. It may be of interest here to quote a few statistics as to the cure of cancer.

Surgery is successful in—

	Percentages of Cures	
	Early Op.	Delayed Op.
Cancer of the breast.....	80%	25%
Cancer of the lip.....	95%	60%
Cancer of the tongue.....	80%	15%

Approximate estimates furnished by the American Society for the Control of Cancer.

Other facts which we know—more or less negative facts to be sure are—that cancer is not a germ disease, it is not hereditary and it is not contagious. The last two facts are not believed by the general public—the majority of whom are fully convinced that the disease is hereditary and many of them consider it as contagious. As to the first of these—heredity—there seems at first glance to be a justification for this belief as certainly it is not infrequent to see two or more cases in a family. When, however, we consider that in this country cancer seems to be on the increase at a rate of about  $2\frac{1}{2}\%$  each year, or 25% in a decade and the death rate for the United States calculated from the total registration area which comprises 65% of the population is 80,000 deaths per year from cancer, it is not at all surprising that from the general law of averages two or more deaths would occur in one family. Looked at from another angle makes the fact of coincidence rather than heredity much more striking. The statistics quoted above, applied to the total death rate show that at ages over forty years—one woman in every eight, and one man in every fourteen dies of cancer. When we consider that going back three generations every individual has seven direct male and seven direct female ancestors, not counting any of the collateral relatives, it would seem rather surprising if any of us were unable to point out cases of cancer in the family.

As to the increasing death rate it has been stated that this is more apparent than real, and is due more to careful observation and careful diagnosis by the medical profession rather than to a real disease. This would, however, seem to be doubtful for certainly in many cases cancer is an external disease and our predecessors in medicine were very skilled observers, and it would seem doubtful if a sufficient number of cases would have escaped notice to have made the increase as noted. If, however, the increase is due to more careful observation and diagnosis it is a healthy sign,



for it would tend to show that the medical profession is more alive to the occurrence of the disease and it is to be hoped that soon the diagnosis will be made early enough to be recorded upon the hospital record with the word cured after it rather than upon the death certificate.

Knowing then that the disease consists of an abnormal growth of normal cells which pass from their normal sites, run wild so to speak, and invade surrounding parts, it would seem that one of the most important things for us to know is the parts of the body most frequently affected by the disease. It may be said that there is no part of the body which cancer does not affect, but on the other hand, some parts are affected much more frequently than others, and it is absolutely necessary that the physician bear this constantly in mind and suspect any disturbance of these parts. The portions of the body affected differ in the two sexes. In males the most frequent site is the stomach, with 20 per cent of all deaths due to this disease being of this form. Next is cancer of the intestines and rectum, with a trifle less than 20 per cent, than cancer of the liver and gall bladder 8 per cent, œsophagus about the same, cancer of the tongue 6 per cent, skin 3.5 per cent, and then the rarer forms of cancer of prostate, bladder, lung, etc. These statistics refer of course to the epithelial form of growth, carcinoma, which occurs in adult life.

In women by far the most frequent site for cancer is the uterus, which accounts for 30 per cent of all deaths from cancer at all ages, next is cancer of the breast with 16 per cent. Then cancer of the stomach, intestines and rectum, and liver and gall bladder. Cancer of the skin is about half as frequent in women as in men and that of the œsophagus as one to three.

We come now to one of the most basic and important facts that is known about cancer and in a way one of the most discouraging facts that we have to face. That is that the early symptoms of cancer are always minor symptoms and almost—one may say negligible. A small lump in the breast for instance, a little bleeding between the menstrual periods or a slight chronic indigestion. There is no pain of any kind and the individual does not feel sick, but simply bothered by these indefinite and somewhat uncomfortable symptoms, or by the mere presence of this painless lump which was noticed purely by accident. To the lay mind and to many minds in the medical profession such a train of symptoms does not spell cancer. Cancer in their minds is a

hideous disease, painful ulcerations, a patient weak and hardly able to lift his head, almost like leprosy, foul discharges and all the train of symptoms which go to make up the picture of a patient dying of cancer in its last stages. Here is where our responsibility as medical men must rest. We must so educate ourselves and the laity that the latter picture will be forgotten and a thing of the past. We must take a new view-point and make ourselves realize that the first picture does suggest and more than that impells us to think of and suspect cancer, for unless we do this and content ourselves to believe still that the second picture is the true one of cancer, just so long will cancer continue to draw its great yearly mortality and continue to increase as it is now doing.

The question then comes as to how this is to be done. First our duty in relation to the patient himself, both as a class, the general public, and as an individual. We must educate the public as to the warning signs of the disease as affecting various parts of the body. This can be done by means of public lectures, by literature, and by articles in the public press. In addition, talks to the nursing force of the hospitals and the social service workers, pointing out the symptoms to be looked for and the importance of impressing upon individuals presenting these symptoms the necessity of thorough medical examination. The American Society for the Control of Cancer, which I have the honor to represent before you, stands ready to aid in any way in its power. By the furnishing of literature, lectures, if needed, and further advice as to the details of the propaganda.

Next comes the relation of the physician to the individual member of the community suffering from symptoms which to him or her are of minor importance. We hear much of the fact that the patient does not come to the surgeon until too late. This is lamentably true, but in many cases it is not the fault of the patient, but of the physician. Those of us who work in the large hospitals where we see a great mass of clinical material find that the number of patients with advanced cancer who have not previously consulted a physician is extremely small. The symptoms are minor ones, ill defined, not at all alarming, and as a consequence the patient receives some form of medication and is reassured and time goes on until the symptoms are alarming and the time for cure is past. Furthermore, in many cases the patient has never had a complete physical examination, and in this I include the various adjuncts of the clinical laboratory and

the X-ray. The number of patients that do not consult their family physician for these minor symptoms is few indeed, and it may almost be said that the object of the propaganda for enlightening the public is to protect it from the careless members of the profession, for it is due more to carelessness than ignorance that many cases escape recognition and many lives are thus sacrificed just in their prime, for it is the healthy adult that cancer is most prone to attack. For many years our medical schools have been turning out physicians perfectly competent to make a thorough physical examination, but the question comes up: How many do it after four or five years in practice? We must teach the laity that when they consult a physician they must receive a thorough physical examination, or they are not receiving proper attention. If this can be done, and if we can impress upon the members of the profession the great importance of thorough examination of these patients with the aid of X-ray, clinical laboratory, and, if need be, special consultants, much will be done toward the recognition of early cancer. Its removal will be possible in the stage when it is a purely local disease and is curable. In order that this be done in the most efficient manner, it is necessary that we work diametrically opposed to the dictum of our legal confreres, which states that every one is innocent until proven guilty, and consider every growth or suspicious symptom guilty until proven innocent, and the ultimate test should be the appearance of a section under the microscope.

During the past twenty years the campaign against tuberculosis has engaged the attention of both the public and the medical profession. Much has been gained, as the results show, and how has it been gained? The public has been educated until it knows the early symptoms of the disease; it has been educated to protect other members of the community from contagion, which is not necessary in cancer, but above all it has been educated until it knows that a diagnosis of tuberculosis cannot be made without an examination of the lungs and of the sputum, and this the patient demands. As a result, where twenty years ago there was one physician able to recognize the early signs of tuberculosis in the lungs, there are now hundreds and the present-day physician could not tell a patient who came to him to know whether he had tuberculosis or not; that he did not have it simply by looking at his tongue and feeling his pulse, because he would realize that the patient would know better and would consult another physician.

This state of affairs must come in cancer. The physician must realize the importance of the early vague symptoms, must suspect them and bend all his energies toward proving to his own satisfaction that the patient has or has not cancer, and if this is done our mortality statistics will no longer show an increase, but on the contrary, will show a marked decrease.

The results of education of the public by the Department of Health of Portsmouth, England, are very enlightening in respect to mortality statistics. Dr. Frazer, the Medical Officer of Health of that city, instituted the educational methods in 1913, and for several years before that time cancer had been on the increase. The campaign of education comprised monthly articles in the local press on cancer, lectures to nurses, social workers, and gratuitous microscopical examination of suspected tissue for those unable to pay for it. Dr. Frazer states that the reason for delay in seeking professional advice was not fear of operation, but because of the painfulness of the disease, the patient being ignorant of its severity. In 1913 the number of deaths from cancer was 230, while in 1914, after one year of educational measures the number of deaths was 197, in spite of the facts that the population was increasing, and that for some years previous to 1913 the cancer death rate had been constantly on the increase, and this occurred during a period in which the statistics throughout the greater part of the world showed an increase in the number of deaths from cancer.

This shows not only what can be done, but what has been done, and there is no apparent reason why by following out an intelligent course of education both for the medical profession and the laity equal or surpassing results cannot be achieved.

In conclusion: We know no cause of cancer, and we know of no cure, except excision while it is still a local growth. We do know, however, that the disease is curable in its early stage, and the symptoms of this early stage are vague and inconstant. We must wipe out our former picture of this disease and paint a new one of it. Less terrible, less distinct and clear-cut, but still recognizable provided we study it well, and our success in the combat against it will be measured in terms of our vigilance, for the only hope of curing cancer lies in early recognition and prompt surgical treatment.—New York State Journal of Medicine.



## SYMPTOMATIC TREATMENT.

### Reed, in Physicians' Drug Review.

Since delays are dangerous, the beauty of the principle of symptomatic treatment is that diagnosis is not a necessary factor to doing much for or even curing the patient.

It often happens, that given the diagnosis we cannot do much better than to still keep on treating symptoms.

We cannot often arrive at a diagnosis early, except it be a snap diagnosis which is seldom a correct one, but we can always get busy with the symptoms at once, when actuated by this principle, and have time to dig for a diagnosis while the patient is getting better, or at least more comfortable, which means more grateful to us. Yet even should the patient get well before we can make a diagnosis, it were well to make one if possible, looking to the future, as well as to get the satisfaction that comes of knowing what is at the bottom of it all, and of course no case can be properly tabulated or protected minus some knowledge of its causation.

But what if the patient dies while we are treating the symptoms? Well, these are the cases that will trouble us because we didn't "know what was the matter," and yet, the chances are that if we intelligently attended to the symptoms, we did the most that could have been done for both the comfort and the preservation of the patient.

Yet it is a study and an art as well as a science, this treating of symptoms, and the physician who is an adept at it is a man worthy of both his fee and his hire. To realize the full meaning of a symptom often implies as full a knowledge as does good diagnostic ability, while possessing the latter we have still left us the necessity of treating the symptoms.

Get busy at once with the symptoms, make your patient comfortable, and withal better; then hunt as hearty as you will for a diagnosis.

## ANESTHESIA, ANALGESIA AND THE WAR.

Chloroform, owing to its efficiency, compactness and ease of transportation, retains its erstwhile superiority, as the anesthetics of war. The bulk and explosiveness of ether render it less desirable as a routine agent. That a staggering amount of these anesthetics has been used since the beginning of the world's war, is evidenced by the exhaustion of the reserve supplies in the home markets and the rapid rise in prices. The Red Cross has materially assisted in deplet-

ing local supplies by its humanitarian shipments abroad. However, hospitals in the United States are virtually being saddled with an enormous war tax on necessary drugs and surgical supplies, although we are not participants in the conflict.

It is interesting to note that French surgeons are turning to ethyl chlorid as a remarkably satisfactory anesthetic for brief narcoses, necessitated by the dressing of unusually extensive and painful wounds. They are also using the Gwathmey technic of ether-oil colonic anesthesia, especially for operations about the head, face and neck. Crile took a supply of nitrous oxid-oxygen with him to France to demonstrate its superiority over all other anesthetics in surgery complicated by shock. But it proved difficult of administration in some instances on account of the mild, alcoholic taint of the wine-drinking soldiers. Compressed gases are too cumbersome and expensive as anesthetics in war surgery; although nitrous oxid-oxygen will probably hold its own in the larger base hospitals, when a supply is available. It seems a travesty on civilization that some of the manufacturers of nitrous oxid for the alleviation of suffering humanity should have turned to the manufacture of chlorin for gassing the enemy. A campaign, on the part of these manufacturers, to extend the use of nitrous oxid-oxygen anesthesia would have been better for all concerned.

Shock has been very prevalent as a complication of this war's surgery. It has been combated by camphor in oil and morphin injections in the field and by rather complete and persistent morphinization at the base hospitals. Strange as it may seem, shell-shock has been treated by general anesthesia with considerable success. Although this is in line with the treatment of electric-shock monoplegia in a similar manner. Occasionally exsanguination has been counteracted by saline infusion directly into the severed vessels during amputation. Coagulen has established itself as a dependable prophylactic for the incidence of hemorrhage and its control. The **axillary** sup has also proved to be the most efficient method of hypodermoclysis.

Early in the war the Germans announced an apparatus for handling large numbers of cases under local analgesia. Owing to the character of the war-wounds and the prevalence of infection, local analgesia has not been used as extensively as had been anticipated. The supply of novocain is almost at the vanishing point in this country, and surgeons and dentists have had to turn to cocain (of which there is

none too much), and quinin and urea hydrochlorid. Efforts have been made to influence the German government to raise its embargo on the exportation of certain drugs. It may be, however, that the cargo of 15,000 tons of coal-tar dyes, released for export, recently, may contain a sufficient supply to tide over our requirements until the end of the war. Owing to the abrogation of treaty and patent rights, England, at the beginning of the war, began the manufacture of a substitute, and anocain is now obtainable in any desired quantity in Canada.

The drug situation in the United States, precipitated by the world's war, calls for action on the part of Congress, to so modify existing patent laws, so that necessary products must either be manufactured in this country, or in case of the cessation of importation for any cause, patent rights would lapse, pending the resumption of the supply. A concerted action on the part of the medical and dental professions might accomplish much in this respect. Several state associations have initiated such a movement, but it requires the full force and activity of national organizations to make such a reform effective.

In the present trend toward preparedness it seems advisable that expert anesthetists, medical and dental, should form a definite percentage of the membership in the medical reserve corps. Anesthesia in the world's war has involved a greater risk of life than in any previous conflict, and numberless cases have been presented, in which the technic of administration was extremely difficult. Expert anesthetists are as vital a necessity in the surgery of war as in the surgery of peace.—F. H. M. in American Journal of Surgery.

### SOCIETY CALENDAR

National Eclectic Medical Association meets in Nashville, Tenn., June, 1917. Dr. W. E. Daniels, Madison, South Dakota, President; Dr. Wm. P. Best, Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in Santa Barbara, May, 1917. Dr. H. Ford Scudder, Los Angeles, President; Dr. G. H. Greenwell, Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1917. Dr. H. T. Cox, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m.

on the first Tuesday of each month. A. P. Baird, M. D., Los Angeles, Cal., President; H. Ford Scudder, M. D., Inglewood, Cal. Secretary.

### NEWS ITEMS

Dr. E. R. Petskey was in the city recently, en route to Guaymas, Sonora, Mexico.

Dr. I. Woodin of Independence, Cal., made a hurried visit to Los Angeles last month on professional business.

Dr. D. A. Stevens of Holtville accompanied a surgical case to the Westlake Hospital last month.

Dr. W. F. Holman of Los Angeles was elected Royal Grand Patron of the Order of the Eastern Star at the annual meeting in October.

The regular meeting of the Los Angeles Eclectic Medical Society was held at the offices of Drs. Welbourn on October 3 and was well attended.

Dr. H. V. Rievel of Oceanside drive to Los Angeles one day last month and transacted professional business.

A man who styles himself B. F. Little has recently been collecting money from physicians in Oregon and Washington under the pretense of being a representative of D. Appleton & Company, the medical book publishers of New York. The man's plan is to say that he is collecting for the Western Students Benefit Association of Denver, Colo. D. Appleton & Company are endeavoring to have the fact made known that this man is an imposter.

FOR SALE—Treatment apparatus complete, consisting of Ferguson operating chair, screen, Birtman Wall Plate with all attachments, chairs, etc.; value \$200; will sell for \$95. John Wilferth, O. T. Johnson Bldg., Los Angeles.

MUSICAL COMPOSITIONS—MUNK, by Hector Alliot, Southwest Museum, Los Angeles. To those who are so fortunate as to know Dr. Munk intimately, the advent of these compositions will not come as a surprise. To others this publication will reveal a new view of a man recognized for his versatility. Both classes will appreciate the fact that these compositions are now available.

Doctor—"It's a bad case, Hans, but I think we can cure you. I will try something new that is all the rage now." Hans—"Vot is it?" Doctor—"We call it the Bier Treatment." Hans—"Ah, Gott, vy didn't I come to you before"—Medical Pickwicks.



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## THE PRINCIPLES OF HOMEOPATHY.

By A. C. Cowperthwaite, M. D.

Read before the Joint Meeting of the Homeopaths and  
Eclectics.

Homeopathy is based upon the principle of "*Similia Similibus Curantur*," or "like cures like." This is the homeopathic law of cure, and when adhered to in practice constitutes homeopathy regardless of the size of the dose. However, experience taught Hahnemann and his immediate followers, as we shall see later, that the most successful application of this law in practice depended upon certain other collateral features which Hahnemann established and appended to the law of cure, and which have been more or less accepted by the homeopathic school. These are: (1) Potentization; (2) The Single Remedy; (3) The Minimum Dose.

One hundred and fifty years ago the practice of Medicine was in a state of eclipse. It was during this dark age that Hahnemann appeared upon the stage. His name was known and cherished. He was eminent as a physician and chemist, distinguished as a scholar and linguist, profoundly versed in ancient and modern tongue, and his writings were treasured among the standard works of medical literature. Hahnemann had quitted with disgust the practice of medicine. His love for honor and truth would not permit him to practice a system of treatment so irrational and so unscientific in its character. At this time he engaged in the translation of ancient and modern writings, and in connection therewith, undertook a broad survey of medical literature. In this labor he became familiar with the ideas of the early philosophers;

he also saw corroborated that fragmentary observation of Hippocrates, that "diseases are sometimes cured by similars"; but not until 1790—while translating the *Materia Medica* of Cullen did the conviction flash upon his mind of the existence in the Divine economy of an universal law of cure; and thenceforward, with unflinching purpose he devoted all the energies of his master mind to the one grand object of developing, systematizing and perfecting the new method of healing the sick. As the falling apple, through Newton, gave to philosophy the law of gravitation, so the study of the effect of Peruvian bark, through Hahnemann, gave the law of similars to medicine, and homeopathy to the world.

Hahnemann was now in possession of a tangible fact; a remedy that would cure a certain disease would also produce it in a healthy person, and it was certain that the converse was true, i. e., that a drug that produced a certain disease in a healthy body, would cure it in a sick one. But this was only one instance, and might be an exception. He therefore set himself to the task of testing a great number of drugs, and with heroic self-sacrifice, took them himself, carefully noting the minutest effects produced, and comparing them with symptoms of well-known diseases. He likewise induced some of his friends to join him in these tests on provings, and by mutually comparing notes, certain positive facts were established. But not yet satisfied, Hahnemann, like a true scientist, hesitated to publish this discovery until it had been thoroughly corroborated; so, for ten long years, he was arduously at work, proving to himself in every way possible, its truth, before he submitted it to the world. This is, indeed, the spirit of true scientific inquiry, and when the law, "*similia similibus curantur*" was made known, it was not a mere speculative theory, but a scientific fact—a law of nature, established through a long series of the most persistent observation and experiment.

I will not occupy your time giving illustrations as to the similarity of the pathogenetic effects of drugs with their curative effects. The case of Peruvian bark is sufficient. It was at that time, the universal specific for intermittent fever, just as quinine is today with the dominant school of medicine. Hahnemann was the first to observe the remarkable similar effects of the pathogenesis of the drug to the symptoms of intermittent fever. He found the same similarity to exist in all other drugs. Quinine is today, more often applicable in malarial fever than any other drug, but experience has

taught that it is only really curative in those cases where the symptoms closely correspond to those produced by the drug in the human system. The same is true of belladonna in acute congestive types of diseases; of aconite or gelsemium or veratrum viride in fevers; of arsenic in asthenic diseases; of mercury potassium or phosphorus, etc., in tissue changes; the same illustration proving true in every drug of the *Materia Medica*—animal, vegetable or mineral.

From time immemorial there have been vague traditions that medicines sometimes cured diseases similar to those they caused, and these traditions gaining more and more basis as time passed on began to assume solid proportions, strengthened from age to age by the testimony of such as Hippocrates, Paracelsus, Van Helmont, Sydenham, Stahl, Descartes and many others, whose quotations in direct support of the homeopathic law of cure might be given would time permit.

Thus it was not left for Hahnemann to discover the law of cure, but to systematise it, and to establish certain collateral features upon which it depended—to append certain theories of which he was truly the originator and discoverer, by which the law of cure was illustrated and brought into unison with other natural laws already established, these theories in every instance, resting upon scientific facts appertaining to the departments of natural philosophy and biology. The doctrine that every peculiar substance produces a series of peculiar effects upon the human organism belongs to the natural sciences—is itself a peculiar treating of the effect of a diversity of substances on the human frame. The doctrine of potentization belongs to natural philosophy, in common with the doctrines of magnetism, electricity and galvanism. The doctrine that potencies are capable of curing diseases according to the law, "*similia similibus*," is a proposition that belongs to biology and there finds its confirmation. So we find that all collateral doctrines of homeopathy rest upon other natural laws operating in unison with the law of cure.

I now desire to call your attention to one of the collateral doctrines of homeopathy—the most important for the reason that it constitutes the most radical change in therapeutics, and because it more than all else had brought upon homeopathy the scorn of the allopath and the disbelief of those who have failed to appreciate the truths of nature upon which this doctrine is based. I refer to the doctrine of potentization, or the use of attenuated medicines.

When Hahnemann commenced to prescribe according to



the new principle of *Similia Similibus Curantur* he gave ordinary doses of drugs, but found in every case an unnecessary aggravation. In order to overcome this difficulty he conceived the idea of combining the drug with some inert substance in order to more easily reduce the quantity prescribed. For this purpose he mixed one part of the drug with 99 parts of a non-medicinal substance, and in order to impregnate and diffuse this substance equally with the medicine, the dry medicines were well triturated with sugar of milk, and the fluid ones well shaken with pure alcohol. Thus the diffusion of one part of the drug through 99 of the inert substance afforded a ready and exact method of administering the one-hundredth part of the former. But it was soon discovered that the one hundredth part of a grain thus prepared instead of retaining only one hundredth part of the power of the original grain, had a pathogenetic or symptom-producing power not far different from the whole grain, and a disease-curing power greater even than the whole grain. The preparation of minute doses led to attenuations—that is, preparations containing little medicine in a given bulk—the original purpose being to produce uniform diffusion. It demonstrated the fact, first, that a given weight of any drug in a dilute state, possesses a greater therapeutic power than the same weight of it in the crude or concentrated state; and second, that Hahnemann's method of diffusing a medicinal substance through a non-medicinal one, by successive steps or stages in regular progression, and with mechanical force develops more curative power than is developed in an equally dilute mixture or solution prepared the ordinary way.

It was also found that the active properties of many remedies that seem nearly powerless in their crude state, are, by trituration, developed—the latent power set free as it were, and increased to an astonishing extent, so that they do not operate only mechanically or chemically on the superficies of the organs, as most crude medicines do, but penetrate deeper into the organisms, and act more thoroughly and extensively, though in a milder degree. These proved to be puzzling facts, and the difficulty was to realize the existence of any medicine at all, after it had been so comminuted as to elude the evidence of the senses and transcend the possibility of chemical analysis. Hahnemann himself, astonished at the wonderful results of his system of potentization wavered as to its true cause, science as yet having failed to give him the evidences which we have now of the material essence of the attenuated drug.



At the present day it is hardly necessary to enter into any argument as to the power of the infinitesimal dose. The serum and vaccine therapy of today is alone a sufficient argument.

There is a limit to which trituration and dilution can be carried without the adding of more of the inert substance, a limit governed by the laws of attraction and cohesion, for this development of drug power is effected by comminution and in no other way. This is the whole secret of that incredible power with which homeopathic medicines are proved to possess. Trituration and mixture with *sac. lac.* promote this development just as far as they promote comminution and no farther. The successive steps of centigrade dilution promote this by subjecting every particle of the medicinal substance to the mechanical, tearing asunder operation of the non-medicinal one. To triturate 1 gr. of medicinal powder with 99 grs. of a hard inert powder like *sac. lac.* effects not merely a wider separation of its original component masses; and a division more minute than would be practicable by any amount of trituration of the medicinal powder *per se*; and so the higher we go in dilution, the greater is the reduction of the size of the groups of medicinal molecules, and yet it cannot be carried so high as to reduce these molecules to the indivisible particles—the atoms proper, if such exist. As Dr. Hering says, "Something can never become nothing." Most physicians have practically accorded some virtue to comminution—else why do the pharmacopeas direct a small quantity of sulphate of potash, a salt which they regard as inert, but valuable in Dovers powders, by its hardness in effecting the comminution of the opium? And our Old School friends admit the peculiar charm which lingers around the *pulvis ipec. compositus*.

The old *Materia Medica* furnishes a striking instance of latent power developing by comminution in the instance of mercury. Quicksilver, or pure mercury, when in mass, is acknowledged by the Old School to be an inert substance, but when triturated with two or three times its weight of some other substance, becomes the active ingredient of the blue pill. Such illustrations might be continued much farther, and yet notwithstanding these facts, the allopathic school ridicule their idea of Hahnemann's process developing the latent power of a drug, and this, too, in spite of the fact that a constantly increasing number of allopathic physicians

are using and recommending the use of drugs triturated according to the rules of the homeopathic pharmacopea.

Comminution develops therapeutic power because it increases the surface of the drug particles. To break a body into fragments increases its surface. This augments with each succeeding fracture, and by trituration might be given a surface inconceivably immense. Doppler, the celebrated mathematician, though not a homeopathist, in his "Essay on the small and great in Nature," shows by mathematical calculation that well refined or indefinitely divided substances must necessarily act better than crude substances on account of their increase in surface, attained by division of mechanical particles (trituration), by which the medicine affords many more points of contact with the minute nervous system." So also, the invisible vessels and pores of the delicate human organism are in all probability inconceivably more numerous and minute than the visible ones, and in all probability it is in these narrow recesses of the system that nature carries on her most important operations, and disease lays her foundations. To modify those operations and overturn those foundations, it may be important that the medicine should enter straits impassable and chambers inaccessible by any substances whose parts are as gross as those of ordinary powders and solutions. That Hahnemann's process does produce an infinite division of particles, and that the molecules of crude materials remain producing not a spiritual but an actual and material effect, the microscope and the spectrum analysis have long since revealed.

Time will not permit me to enter into any discussion of the interesting subject of the Divisibility of Matter. I will only refer to the wonderful discoveries along this line in the development of our knowledge of the physical powers of radium. I have made distinct photographs in the dark with the 18th decimal trituration of radium bromide. Each grain of this preparation represents one sextillionth of a grain of the pure salt of radium. Others have carried the same process successfully up to the 60th decimal trituration, the denominator of such a fraction being incomprehensible to the human mind.

The single remedy is an essential feature of homeopathy, in that we do not know the specific action of any mixture of drugs on the healthy human organism, and therefore could not select a carefully chosen homeopathic remedy in a given case. Doubtless in many instances at least, the combination

of two or more drugs changes the character and action of each individual ingredient, therefore such a prescription cannot be accurate and scientific. Many homeopaths depart from this principle in their practice and give drugs in alternation and in combination tablets. Such a practice is crude and unscientific and does not give the beautiful results obtained from the carefully selected single remedy. The chief cause of this widespread departure lies in the fact that it is much the easier practice and does not require the careful study and individualization necessary to the selection of the indicated single remedy.

The minimum dose is always necessary in homeopathic prescription else conditions are aggravated and much harm may be done. The rule is to prescribe the smallest dose possible in order to effect a cure. This must be left to the individual judgment of the prescriber. One may consider doses of the tincture the minimum dose while another may only select the drug in varying potencies. The size of the dose has nothing whatever to do with the homeopathicity of the prescription. The collateral features of homeopathy may or may not be accepted by the homeopathic practitioner, but the law of similars must be accepted by him and his practice must be based upon that principle or he is not a homeopath. However, a homeopathic physician may employ additional auxiliary measures in the cure and palliation of disease if he considers such measures necessary. This is his right. The definition of a homeopathic physician as adopted by the American Institute of Homeopathy in 1899 is as follows: "A homeopathic physician is one who adds to his knowledge of medicine a special knowledge of homeopathic therapeutics and observes the law of similia. All that pertains to the great field of medical learning is his, by tradition, by inheritance, by right."

### PRINCIPLES OF ECLECTICISM.

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Read before the Joint Meeting of the Eclectics and  
Homeopaths.

You all know that there are three schools of medicine recognized in this country, viz., Allopath, Homeopath and Eclectic, or Regular, Irregular, and More Irregular, having for their insignia, "Contrario contrariis curantur," "Similia



similibus curantur," "Vires vitales sustinete." The latter is the subject under consideration, though we may have to digress a little by way of comparison; as for example, everybody knows that "Contrario contrariis curantur" means that you cure a snake bite by the very opposite, which is whiskey, but how many know that "Similia similibus curantur" means that you cure a snake bite by another snake bite, which is whiskey, bad whiskey, and how few know that the Eclectic way of curing a snake bite is "Vires vitales sustinete" "sustain the vital forces," till nature shall be able to eliminate the poison, and what in the all creation is better able to sustain the vital forces than whiskey, good Scotch whiskey? At all events if you get a man well primed with spirits it is an easy matter to make him believe there is nothing ails him, and that is where Eddyism gets in its good work.

Now then, let us see what are the principles of Eclecticism, "Sustain the vital forces." First of all we learn what a healthy man looks like, acts like, feels like, and smells like, and then we know that any departure from that is a wrong, and our aim is not to shoot at the wrong, but get the man back to right; this simple rule is the keynote to a rational practice, which is Eclecticism. Many people and even some Eclectics have an idea that "Eclectic" means the liberty to choose from any school any remedy he may see fit; it means nothing of the kind. It does mean to choose the indicated remedy which is specific for that condition. To illustrate what I mean: If there is a condition existing which produces fever, quick pulse, flushed face, bright eyes, contracted pupils, we give Gelsemium and get good results, no matter whether the patient has pneumonia, scarlatina, or small-pox, because gelsemium controls the nerves that control the cerebral circulation; but, if there is a congestive condition of the venous circulation showing itself in a bluish or dusky look of the face or perhaps the whole body, belladonna and not gelsemium would be the remedy, giving just as good results, for belladonna has an affinity for the nerves controlling the venous circulation. On the same principle we give bryonia indicated by pain on motion showing an inflammation of serous membrane, having discovered that bryonia acts on nerves governing serous membranes. Again there is a burning eruption of the skin, acute in nature, produced by something irritating the nerves governing the blood supply of the skin, so we give rhus tox. in small doses, knowing that rhus



tox. sedates the nerves. In the same way we treat the mucous membrane, if it shows a yellowish white tint, flabby with lack of tone, we give and perhaps apply locally, hydrastis, because we have learned that hydrastis acts on the nerves controlling the circulation of the mucosa, whether it is of the eye, the stomach, bladder or any other part of the anatomy.

If we are called to a patient with a brown, furred, dry and cracked tongue, a temperature that gains a little each day for a week, lacks ambition, feels tired all the time, face shows a lack of active circulation, dull eyes, pronounced anorexia, with these symptoms alone we may or may not conclude that the patient has a case of typhoid fever; be that as it may, we have unmistakable signs that indicate baptisia, and whatever other remedies may be indicated we are **sure** that baptisia will do good.

Again, suppose the case is one presenting a rapid, thready pulse, temperature in proportion to the pulse, pain at the ileo-cecal valve, no sign of pus, we give aconite in small, frequent doses, that is, one-sixth to one-tenth of a minium every one-half to one hour, and more than likely in another glass we would place some four to eight drams of dioscorea villosa to give in 5 to 15-drop doses every hour in hot water, and why? Because we know the power of aconite as an arterial sedative subduing active inflammation by preventing a determination of blood to any part, and also because we know dioscorea has a special affinity for the nerves below the diaphragm, and if the inflammation has not gone too far before this treatment has been instituted very likely a surgical operation will have been avoided, and the surgeon cheated out of one more fee.

Again, we may be brought face to face with a congestive chill, the large internal vessels are congested while the superficial vessels are almost empty, showing a chilly surface and yet an internal fever; nothing could be plainer than that this condition is a demand for glonoin, which immediately opens up the capillaries, making a way for the internal congestion and so relieving the entire situation. In this way I might occupy the entire evening illustrating the action of remedies on a patient suffering from some departure from the normal, physiological standard of a healthy man; however a few more will suffice for the present purpose; as for instance we have learned that phytolacca decandra is opposed to glandular swelling and lymphatic derangement producing

blood dyscrasia through lack of elimination; that echinacea, the Eclectic's Black Sampson is opposed to all kinds of septic conditions and is therefore indicated where there is a blood dyscrasia from whatever cause and that nothing but good would result if it were used internally, externally, and eternally; that apis is opposed to the condition that produces a biting, itching, or stinging sensation either of the skin or mucosa; that sticta attacks and overcomes the condition producing a pain under the shoulder blade ranging up toward the base of the brain, that quinia overcomes anything attacking the blood having periodicity as its leading indication; that podophyllum will clear up yellow sclera, broad, flabby, yellowish-coated tongue; headache from absorption of bile, as it is an energetic hepatic stimulant not like mercury, the latter stimulates by irritation acting in the capacity of a poison, compelling all the glands to get a move on in order to move out the common enemy, but it is no true vitalizer like podophyllum, chionanthus, leptandrin, iris versicolor, stillingia, and many other vegetable remedies, each in its own particular and peculiar sphere and way.

From what I have said it is apparent that the prescribed medicines must be given in doses enough and not too much, or we may get very opposite effects to that for which we are looking, as for instance, a large dose of ipecac will produce vomiting, a small dose will stop it; a normal dose of lobelia will relax a nervous, constricted patient, a large dose will make them limp and make them nervous and very likely promote emesis, given by mouth.

Then again, the method and manner of administration has much to do with the results, 10 to 300 minims of lobelia by mouth will likely vomit; 20 to 60 subcutaneously will have no such effect; a teaspoonful of mustard in lukewarm water will produce free emesis, the same dose in very hot water I have seen stop some of the most violent cases of vomiting.

It makes quite a difference with some medicines whether they are administered in much or little water, or hot or cold, give dioscorea for post-partum pains in hot water and you may get an unexpected profuse hemorrhage, depending on the condition of the uterus; give kali-acetas in a little cold water and instead of an active, stimulating, diuretic you get a gastric irritant; this remedy should always be administered with copious draughts of hot water.

From the foregoing it might appear that Eclectics never give but one remedy at a time, that their practice is always a rifle practice, but this is not so; when a number of indica-

tions present themselves at the same time, there is no reason why a number of remedies should not be administered at the same time to meet these indications providing they do not conflict, one pulling one way and two or three another, for if we are not careful we might easily fall into the same mistake as the old Irishman who went out with his shotgun to shoot starlings off a beech tree; the starlings were all over the tree, 200 or more, so he conceived the plan of whirling his gun in a circle at the moment of discharge, so as to have the shot distribute itself around the tree and make a big killing at one time, but he missed the tree entirely.

Neither do we think internal medication the only means to an end, sometimes the indications will point to local applications of various kinds, whether it be medicaments in one form or another, such as emollients, counter-irritants, antiphlogistics, antiseptics, etc., or mechano-therapy, hydro-therapy, electro-therapy, mineral or metal therapy, diet, exercise, rest, change of climate or atmosphere, or altitude, or even suggestion. And lastly the indications may unmistakably point to a good sharp knife in the hands of a competent and conservative surgeon.

From this paper you will have perhaps discovered that the requirements for a successful physician is the ability to recognize indications and to know how to use the indicated remedy. Oh! yes and how to collect your bill.

## THE MEDICINAL TREATMENT OF CROUPOUS PNEUMONIA.

From an Eclectic Standpoint.

By H. C. Smith, M. D.

Read Before the Joint Meeting of the Eclectic and  
Homeopathic Societies.

In pneumonia, the stage of the disease to a great extent determines the pathology and consequent symptomatology, and, in large measure, the applicable medicinal agents. Of course, the indications for remedial measures are influenced by the general physical state of the patient at the time of contracting the disease, and by the complications that arise during the course of the disease.

During the chill and stage of congestion there is a condi-



tion of general peripheral nerve hyper-esthesia, especially sensory, that raises the arterial tension, the pulse being small, hard and frequent, the skin hot and dry, secretions suppressed and temperature rising, and chilliness up and down the spine, or general chilliness if there is sudden exposure to the atmosphere, or draughts of cold air strike the patient. These are direct and specific indications for the administration of aconite. By its action the pulmonary congestion, chill, pain, pulse and temperature are lessened; the bronchi, endocardium, pericardium, myocardium, meninges, bowels, and the liver, kidneys, and other parenchymatous organs protected from pathological changes. It is frequently indicated throughout the febrile stage in children.

In this stage, we frequently find a condition of capillary stasis that renders it almost impossible for Mother Nature to react and fortify herself against the invasion of the disease. The chilliness is marked, mental condition dull and inactive, eyes dull with dilated pupils, and partly opened when asleep, skin cool and relaxed, extremities cold, and more or less general cyanosis. Belladonna is the direct remedy for this symptomatology; shortening the chill and lessening the discomfort of the patient, as well as tending to inhibit the pulmonary exudation.

Occasionally we encounter a marked bronchial irritation, with a great deal of blood in the sputum, and irritable stomach and bowels. Ipecac, in minute doses, is the remedy for this condition. Ipecac is also valuable in purpura.

As hepatization takes place, we find the system becoming loaded with toxins and the heart muscle and arterioles becoming irritable from the combined effects of the overload and toxemia. The pulse is big, full and bounding, and, ordinarily, only moderately rapid; the capillary circulation is full, the tissues engorged, and the skin showing a mahogany flush. Veratrum is the remedy specifically called for, and its value as an eliminant is not far below that as a controller of circulation and temperature.

If, as is usual, the pleura is involved, cough and pain immediately becomes severe, being of a short, sharp, tensive, hacking character, increased by motion. Usually there is a headache, generally on the right side, also of a sharp tensive character, increased by motion; face flushed, especially the right side, always so if right lower lobe is involved; pulse hard, quick and vibratile; all specific indications for bryonia, which



not only relieves these symptoms, but protects all serous membranes, meninges, endocardium, pericardium, and synovial membranes as well, and its influence upon the liver is decidedly beneficial.

In children often and in adults occasionally, we find a condition of bronchial spasm with deficient secretion; the cough is spasmodic and non-productive; the breathing spasmodic and oppressed, and the cyanosis becomes very marked. The sedative effect of lobelia upon the gangliated nervous system soon remedies this condition. Lobelia not only relieves the dyspnoea and establishes secretions here, but is valuable in the stage of resolution to free the exudate and promote its expulsion.

Herpes is a very constant symptom in croupous pneumonia, and is not only often distressing, but difficult to heal because of the tendency of the patient to meddle with and scratch the bleb. Being a toxic terminal neuritis it is benefited by the application of veratrum locally, as well as by its internal use. Echniacea is usually combined with the veratrum for local use, and is administered internally for its general effect upon the toxemia. It increases the leucocytosis and thus protects the myocardium and parenchymatous organs. For the nervous irritation of the herpes, we often find rhus tox. indicated. Rhus is also indicated by photophobia, irregular pupils, frontal headache, especially on the left side, and more noticeable when the patient is warm and at rest; the face flushed, burning sensation; the tongue red, pointed, papillae elongated and pointed; cough short and sharp, with sense of heat or burning in the bronchi and larynx.

The heart must be watched at all times during the progress of lobar pneumonia, although it rarely gives trouble in a well treated case, excepting in the aged, feeble, or alcoholics. At the crisis, if the overload, toxemia, endocarditis, pericarditis or myocarditis has seriously damaged the heart, the diffusible stimulants are to be remembered, chief of which is alcohol, indicated by a small, weak, frequent pulse, and vital powers generally failing. Camphor is another remedy of great value to sustaining the vital powers; the specific symptomatology being insomnia, prostration, restlessness, extremities cold, voice weak and husky, heart-beat feeble, burning pains in stomach, vertigo, nausea and perhaps vomiting and diarrhoea, face bluish and pupils dilated. These should

be supported by remedies of more lasting effect, as digitalis, indicated by a small, weak, rapid pulse, low arterial tension, dyspnoea, fear, cyanosis, "veins too full and arteries not full enough"; by strophanthus, when the pulse is weak and of low volume, especially accompanying or following endocarditis, pericarditis, or myocarditis.

If the heart and circulatory apparatus show distinct evidence of weakness, there is a dropsical condition and the cough and expectoration are particularly troublesome factors, squills is a remedy that will accomplish results. Ammonium carbonate is a remedy that may be used, in the form of aromatic spirits, as a diffusible stimulant at the crisis, but is of more value in the disease when the sputum becomes scanty and perhaps tenaceous, a smaller quantity requiring greater effort to expel it, and the vital forces of the patient at a rather low ebb. It thins the secretions, renders them less fetid and gives the patient more power to expel them. Ammonium chloride is more easily made palatable than the carbonate, and thins the secretions more thoroughly, but its general stimulating effects are less marked. If the secretions are more or less free, but the patient is weak and lacks both power and inclination to cough, with a sense of oppression throughout the chest, relief may be obtained by the administration of senega. It also exerts a beneficial influence upon the heart. During the stage of resolution, if the process is delayed, the tissues relaxed, there is tickling and a sense of constriction in the larynx or trachea, and the cough is harsh, hollow, and lacking in force, sanguinaria is the remedy of choice. If the expectoration has been so insufficient and the absorption so great the patient is suffering from pyemia, calcium sulphide may be pushed to saturation while echinacea is being administered to re-establish a normal leucocytosis. If the sputum is pusy, greenish and fetid, ammonium iodide will thin it, hasten its expulsion and stimulate the reactive powers of the tissues.

Some conditions may arise in the course of pneumonia that require specific treatment, yet are not peculiar to that disease. Mental symptoms may arise. If there is maniacal delirium, busy hallucinations, agitation, restless, disturbed sleep, frightful dreams, and irritable cough, with flushed face, dilated pupils, eyes wild, staring, restless and red, hyoscyamus is the indicated remedy.

In the early stages of the disease, if the secretions have be-

come greatly suppressed, especially the glandular secretions, these may be re-established very promptly by the administration of jaborandi or its alkaloid, pilocarpine. If the skin is hot, dry and inactive, and there is pleuritis, localized, with a small amount of effusion, esclepias will cause free perspiration, cause the effusion to be absorbed, and relieve the pain of pleuritic friction.

Malaria may complicate pneumonia; is manifested by a marked periodicity, or the plasmodium may be demonstrated in the blood. If the skin is soft and moist, the tongue moist and clean or cleaning, the bowels open, and the pulse full and soft, quinine, which is specifically a destroyer of the plasmodium, will act promptly and kindly. If these conditions are not present, they should be established by the use of such agents as jaborandi and indicated laxatives. Quinine is also of value as a tonic in the convalescent stage, if the conditions of the skin, tongue, bowels and pulse, previously enumerated, obtain. The digestive tract always suffers from the toxemia developed in this disease; the tongue is broad, pallid, and covered with a white, dirty-white, or yellowish fur. The pallor indicates a deficiency of the sodium or potassium salts in the blood; whiteness indicating lack of sodium, bluish-whiteness a lack of potassium, and these conditions are best corrected by the use of sodium sulphate or phosphate, sodium and potassium tartrate, or potassium citrate or acetate. If the tongue is dirty-white, it indicates fermentation as well, and sodium sulphate or the sulpho-carbolates indicated. If the mucous membrane and its coat are tinged yellow, it indicates an inactive upper digestive tract, and the need of podophyllum, ipecac, or other remedies of this character of action. The specific symptomatology of podophyllum is, sclerae yellow, tongue broad, relaxed, and covered with a yellowish coat (or the mucous membrane may be yellow with no coating present), bowels constipated, or alternate constipation and diarrhoea, veins and tissues full and relaxed. Ipecac is indicated by a tongue elongated and pointed, with prominent papillae, reddened tip and edges, with yellowish coating, or sometimes clean. Podophyllum is the remedy for atony; ipecac also, in large doses; but ipecac is more specifically the remedy for irritation of the gastro-intestinal tract, but the dosage must be small, especially if the aforementioned indications are present.



**HOMEOPATHIC TREATMENT OF PNEUMONIA**

**Dr. H. L. Shepherd, M. D., Los Angeles.**

**Read Before the Joint Meeting of the Homeopathic and Eclectic Societies.**

In the early stages of pneumonia the remedy par excellence is Iodine. The pathogeny of this drug shows it to fit the large majority of cases of early pneumonia. It has the high fever, dry hacking cough, chilliness, restlessness, slight delirium and blood streaked sputa, with the crepitant rales all so characteristic of this disease. When the patient has a hard chill followed by a high fever, quick pulse, hot dry skin, restless both physically and mentally, fear of death, together with a hard, dry, teasing cough and sharp transitory pains, we know aconite is the remedy to give. If we have this same condition, except that the patient is quiet both physically and mentally and is not worried about the future, we use Fr. Phos.

Together with these symptoms should there be a marked arterial excitement with the lung becoming rapidly engorged with blood—*Veratrum Viride* should be given. When the second stage sets in and the patient lies very quiet, has great thirst for large draughts of water, the cough is dry, hard and jarring the patient all over, the sputa is blood streaked or rusty and scanty, a sense of great weight on the chest and sharp stabbing pains on the least motion, especially if a well defined pleurisy is present, then we know *Bryonia* is the remedy. If the patient complains of a tightness in the chest, is inclined to hoarseness especially on using the voice, or toward night, the cough is "loose edged" and from a tickling in the larynx, the sputa frothy or "prune juice" then we should give Phosphorous. This remedy we use where the hypercemic element is more pronounced than the exudative feature.

Another remedy we should not forget in this stage, when the temperature is inclined to be rather excessive, there are bright red circumscribed spots on one or both cheeks and maybe in the palms of the hands, a hard ringing cough with scanty expectoration and usually better lying on the unaffected side, and that is *Sanguinaria*.

All these remedies I personally use in the third and the sixth decimal solution—ten drops to four ounces of distilled water and a teaspoonful dose from every half hour to every two hours.

When the exudation stage begins and the larger tubes are



full of mucus, the cough is soft and rattling, choking and gagging the patient, sometimes even causing vomiting because the mucus is so difficult to raise, this latter condition is not so much from the large quantity of mucus as from a condition of "lung paralysis" with a tendency to cyanosis, cool moist skin and signs of impending pulmonary oedema. This remedy—Antimony Tart—we find particularly useful in cases of asthenic pneumonia, especially in children and old people.

When we have a metallic, loose cough and the patient raising large quantities of yellow, ropy, elastic sputum, a tendency to hoarseness and pain in the sternum extending to the shoulders with the cough, then we give Kali Bichrom.

Should the sputa be a marked lemon yellow, especially in pneumonia following grip, we find Kali Sulph useful.

If resolution is excessively slow and the patient's reaction is poor, we have several remedies.

Probably we find Sulphur more often useful than any other remedy. The sputa is muco-purulent, greenish and has a sweetish taste, the skin is muddy and dry, the orifices bright red and the patient develops a great dislike for water, externally especially.

Another remedy which we use to hasten absorption in these cases is Kali, Ind. With this remedy we have stitching pains from the chest through to the back. The sputa is purulent greenish and occasionally like "Soap suds". When there has been an old hydrothorax or a pleurisy with effusion we find this remedy especially useful.

Should we have a tendency to marked delirium we would use Bell, Hyosc, Agarican, etc. If typhoidal complications such remedies as Bapt., Rhus Tox, or Phosphoric acid.

As for heart stimulants, we seldom use them in exceptional cases. Then the alkaloids of Digitalis or alcohol in the form of brandy or champagne seem to be the most satisfactory.

In regard to local applications we use the "batten" or preferably the wool jacket. Occasionally poultices of ground flaxseed or rubbing with camphorated oil or light mustard cerates.

But on the whole we find the remedies above quite sufficient and with careful and painstaking prescribing we get most excellent results with the single remedy in this most fatal of our diseases.

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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## A MUTUAL RECOGNITION

The practitioners of Homeopathy and Eclecticism in Southern California are comparable in both numbers and ability. Also they have many things in common, not the least of which is a firm and abiding faith in the efficacy of drugs, i. e., *Materia Medica*. And, while it is true that they may differ radically in theory, yet in practice they approach one to the other quite closely, and their use of many drugs may be said to be identical. All of which being true it would appear that a study of the *modus operandi* of each other would be a means of acquiring additional individual knowledge and thus make our services more helpful to our patients.

In furtherance of this thought the members of the respective local societies of the Eclectics and the Homeopaths got together recently at a dinner and had a most enjoyable time, largely because of the friendly feeling manifested by all. Many good things were said, some of which fortunately were on paper. Obviously the spoken word is lost to those who were absent, but the written words are printed elsewhere in this issue and we commend these articles to the attention of the reader.

## THE PERMANENCY OF DRUG PROPERTIES

John Uri Lloyd, Ph. D., Ph. M., Cincinnati, Ohio.

And now the lesson of it all. Not only does such as this apply to the theories of men concerned in the study of chemical phenomena, but to theories in other directions. For example, a remedy whose qualities were studied and proved half a century ago, is today as positive in its action, under the same conditions, as it was then.

But, perhaps, the explanation of the action of the remedy may, today, be diametrically opposed to the explanation given fifty years ago. Would any one expect opium to affect a person, today, differently from the effect produced fifty years ago, or one hundred years ago, or in the days of the writers of the Arabian Nights? And yet, within a thousand or two thousand years many different explanations have been given for the causes of the soporific action of opium on the human being.

Aconite will, today, either kill or cure as positively as it did in the days of mediaeval European medication. But the theory as to the aconite may now be very different from that which was accepted half a century ago.

Physicians who in days gone by learned how to treat diseases with remedies that then served their purpose, and as well then as now, need feel no humiliation over the fact that many physicians of the present are not conversant with those remedies of the past. Nor need they accept that the modern theoretical innovations would be of clinical advantage to themselves. The fact is, as with the theories of chemistry that during the life-time of this writer, have thrice diametrically changed, the action of remedies remains, fundamentally, as exact now as in the days gone by.—Eclectic Medical Journal.

## SOCIETY CALENDAR

National Eclectic Medical Association meets in Nashville, Tenn., June, 1917. Dr. W. E. Daniels, Madison, South Dakota, President; Dr. Wm. P. Best, Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in Santa Barbara, May, 1917. Dr. H. Ford Scudder, Los Angeles, President; Dr. G. H. Greenwell, Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1917. Dr. H. T. Cox, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.



Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. A. P. Baird, M. D., Los Angeles, Cal., President; H. Ford Scudder, M. D., Inglewood, Cal. Secretary.

### NEWS ITEMS.

Dr. J. C. Buckingham, of Big Pine, California, was in the city last month on business.

Dr. H. Ford Scudder has moved from Inglewood to 1014 West 16th Street, Los Angeles.

Dr. W. E. Smith, Whittier, accompanied a surgical case to the Westlake Hospital last month.

Dr. McGraw, of Lincoln, Nebraska, is visiting in Los Angeles, and is seriously contemplating locating here.

Dr. M. B. Bolton, San Pedro, called at the Westlake Hospital, frequently, last month to visit her surgical cases there.

Daniel Newton Mason, M. D., Suisun City, Cal., American Medical College, St. Louis, 1879, aged 73; also a druggist; died at his home on October 5th.

Dr. R. M. Prince, a graduate of the C. E. M. C. for 1916, was granted his license at the last meeting of the California State Board of Medical Examiners.

Dr. Ruth Wirick, Pasadena, who attended the C. E. M. C. for three years, was graduated at the E. M. C. this year and passed the California State Medical Board in October.

The Westlake Hospital believing in preparedness, has a quantity of Novacain on hand, which is greatly appreciated by the surgeons working there, as none of this drug has been on the market for some time.

Mrs. L. F. Kerr, who was a student at the C. E. M. C. for three years and graduated from Hahnemann Medical College, San Francisco, this year, was successful before the State Board in September.

Dr. Janet Quinn and Dr. Wm. Quinn, both graduates of the E. M. C. and recently from Kentucky, were licensed by the October State Board. For the present their offices are in their residence, 4362 Franklin Avenue, Hollywood. However they expect to open offices at the corner of Vermont and Hollywood Blvd., soon.

We are sorry to hear of the death of Mrs. Stevenson, wife of Dr. E. H. Stevenson, Fort Smith, Arkansas. Dr. Stevenson was at one time president of the National Eclectic Society. Mrs. Stevenson was well known in California, where she and her husband have often visited. The Journal extends sympathy.

The joint meeting of the Homeopathic and Eclectic so-



cieties which took the form of a dinner on November 14, was followed by the reading of several papers, and was a great success. In fact, it was voted to have a like meeting in February, 1917. We take pleasure in printing the papers read, in this issue. The attendance was large and enthusiastic.

Prof. J. U. Lloyd and family are spending a short time in Los Angeles, guests of the editor. The Professor is much occupied with some literary work.

Dr. H. T. Webster of Oakland was a pleasant caller at this office recently. He was touring Southern California with his family and enjoying life hugely. Possibly this habit of his is reason he still looks so young.

Dr. J. W. Price of Big Pine is taking a vacation in Los Angeles and is a frequent visitor at The Westlake Hospital.

**Medical Century**, a prominent Homeopathic publication, edited by Dr. W. A. Dewey, Ann Arbor, Michigan, has suspended publication after twenty years.

Dr. J. A. Burnett has moved from Hartshorne to Crum Creek, Arkansas.

Dr. James Beard has moved from Los Angeles to 708 East Colorado street, Pasadena.

Dr. Urling C. Coe, Bend, Oregon, has been elected treasurer of the Oregon State Board of Medical Examiners. Dr. Coe is the Eclectic member on the Board.

For Sale—For good and sufficient reasons, Dr. B. N. Childs, Santa Maria, California, wishes to dispose of his practice, and will sell cheaply.

Dr. R. M. Sterrett, many years associated with the advertising of Antiphlogistine, sends greeting to his many friends, announcing his resignation as advertising manager of the Denver Chemical Mfg. Co., effective January 1st.

### THE INCREASE OF TISSUE RESISTANCE.

The importance of increasing tissue resistance is best appreciated when one is called upon to treat a serious infection in a run-down person. Thus a pneumonia or bronchitis is so much more dangerous in an aged or debilitated person whose tissues have lost their usual power to throw off disease—that is, resist germ invasion.

For this purpose cod liver oil is of the utmost utility, but an essential point is to choose a preparation that not only contains the active medicine and strengthening properties of the oil but which also is so palatable that its administration may be continued over long periods of time. Cord. Ext. Ol. Morrhuæ Comp. (Hagee) is such a product. A generation of doctors have used it and learned to rely upon it.

## CONTROLLING THE NERVOUS ELEMENT IN FEMALE DISEASES

Utero-ovarian congestion, traceable to extreme irritability of the local nervous mechanism, invariably requires appropriate antispasmodic treatment. Obviously great care, however, must be exercised in selecting the measures to be employed. Among the sedatives that have been found serviceable, none has proven more effective or given more uniform satisfaction in every particular than Peacock's Bromides. Many clinicians have learned to appreciate the antispasmodic properties of this preparation, and as a consequence Peacock's Bromides have long filled an important place in gynecologic therapeutics. Efficient, reliable and remarkably free from any unpleasant effects, this dependable combination of carefully selected bromide salts is of exceptional utility in female disorders in which the nervous element is prominent. In these conditions it can be used with every confidence, not alone in its therapeutic efficiency, but what is often quite as important, in its notable freedom from gastric disturbance or other unpleasant effect. A particularly gratifying feature of Peacock's Bromides is its capacity to relieve pain and discomfort without inducing a drug habit, a result which the opiates and so many other pain-relieving remedies all too often produce. Peacock's Bromides surely fill an important place in the therapy of the painful ills of womankind.

## SLUGGISH, OVERLOADED BOWELS

When the bowels are sluggish and overloaded, the whole system is usually depressed and deranged by the retention of toxic waste material. Without delay it becomes necessary to increase the activity of the bowels and promote regular evacuation of their contents. For these purposes there is no remedy that will give more prompt and satisfactory results—with such freedom from griping or after-effects—as Prunoids. One to three at bedtime will afford prompt relief—without the usual cathartic discomfort—and rapidly restore functional regularity of the bowels. As one prominent physician has said, "I use Prunoids because it **regulates** as well as **evacuates** the bowels." Samples will be sent on request to the Sultan Drug Co., St. Louis, Mo.

*J.P. out here*

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ISSUED MONTHLY

JANUARY, 1916

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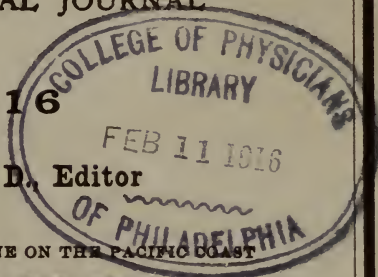
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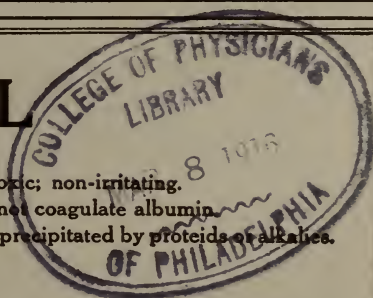
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AND THE CALIFORNIA MEDICAL JOURNAL

ISSUED MONTHLY

APRIL, 1916

O. C. WELBOURN, A. M., M. D., Editor

DEVOTED TO THE  
DEVELOPMENT AND WELFARE OF ECLECTIC MEDICINE ON THE PACIFIC COAST

**SUBSCRIPTION PRICE, ONE DOLLAR PER YEAR**

"ENTERED AS SECOND-CLASS MATTER JAN. 23, 1909, AT THE POST OFFICE AT LOS ANGELES, CALIFORNIA  
UNDER ACT OF MARCH 3, 1879."

## Pituitrin or Forceps?

Administered subcutaneously Pituitrin induces regular, vigorous contractions of the uterus, resembling normal labor pains.

In cases of tardy parturition Pituitrin shortens the period of labor and hastens expulsion. It obviates the use of forceps, removing the danger to mother and child that attends upon instrumental delivery. It prevents collapse by its action on the heart and checks postpartum hemorrhage.

A single hypodermatic dose (1 Cc. or  $\frac{1}{2}$  Cc.) is usually sufficient to produce the desired oxytocic effect. In some cases two (rarely three) may be required.

We are in receipt of hundreds of letters from physicians bearing testimony to the efficacy of Pituitrin in uterine inertia.

Pituitrin is properly administered in the second stage of labor—it *should not be given in the first stage.*

Supplied in glaseptic ampoules of 1 Cc. and  $\frac{1}{2}$  Cc., ready for hypodermatic injection.  
Cartons of 6 ampoules.

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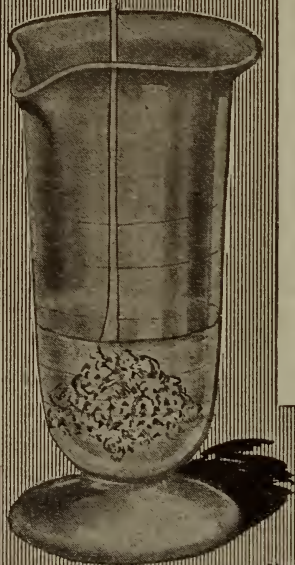


## Fresh Ferrous Carbonate With Every Dose

Lilly's Liquid Blood contains the component parts of Blood's Mass which react to form ferrous carbonate each time a dose is mixed with water. Thus the patient gets fresh iron salt each time.

Send for test ampoules of Lilly's Liquid Blood and demonstrate for yourself how to insure best results from the administration of fresh iron carbonate in its most assimilable form.

Lilly's Liquid Blood is supplied Plain; with Arsenic; with Strychnine; and with Arsenic and Strychnine in four-ounce bottles only.



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VOL. XXXVII

NO. 5

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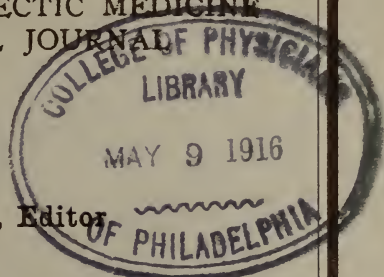
MAY, 1916

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## SILVOL

**A Powerful Germicide. Non-Toxic. Non-Irritating.**

Contains approximately 20 per cent. of metallic silver. Freely soluble in water; no sediment on standing. Does not coagulate albumin; is not precipitated by proteids or alkalies. Its germicidal power has been conclusively demonstrated clinically. Indicated in the treatment of

Conjunctivitis,  
Ophthalmia,  
Otitis,  
Rhinitis,

Pharyngitis,  
Vaginitis,  
Gonorrhea,  
Wounds, Ulcers, Etc.

—in all infections, in short, in which a silver salt is applicable.

Used in aqueous solutions of 5 to 50 per cent.

POWDER: Bottles of one ounce.

CAPSULES (6-grain): Bottles of 50.

Contents of two capsules make one-fourth ounce of a 10-per-cent. solution.

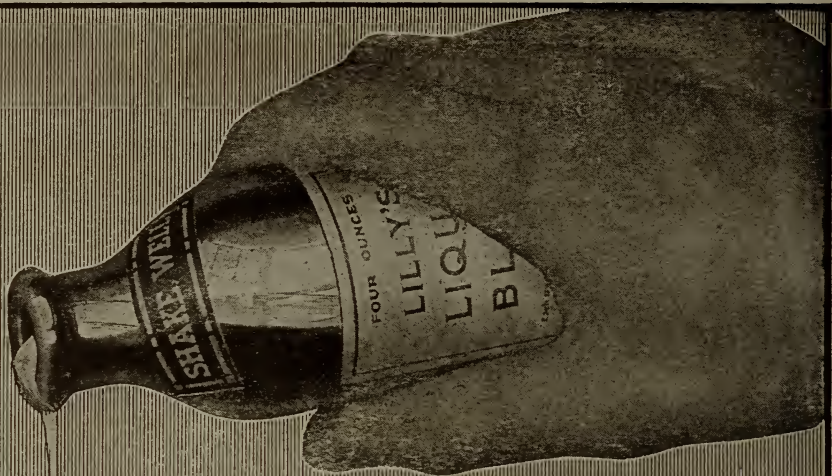
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SILVOL OINTMENT (5 per cent.), for application to regions where the use of an aqueous antiseptic solution is not feasible. Small and large collapsible tubes with elongated nozzle.

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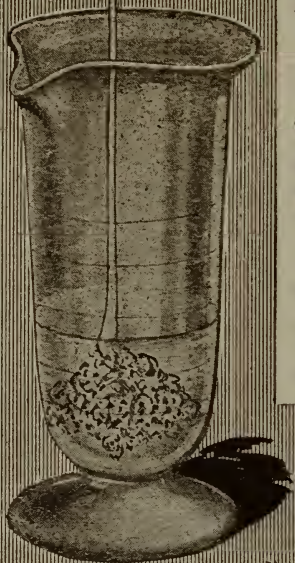


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## Pollen Immunization in Hay Fever.

**H**AY FEVER, whether of the early or late type, has long been recognized as a pollen intoxication—the spring variety being due to the pollen of grasses, especially timothy; the autumnal variety, so common in North America, chiefly to the pollens of ragweed.

**TIMOTHY POLLEN EXTRACT** is an efficient immunizing agent against the early variety of hay fever.

**RAGWEED POLLEN EXTRACT** is an efficient immunizing agent against the late variety of hay fever.

While susceptibility to both types of pollen is not common, we also supply **POLLEN EXTRACT COMBINED** (Timothy and Ragweed).

The extracts are administered hypodermatically. They are accurately standardized. Full directions as to application and dosage accompany each package.

**FOR SPRING POLLINOSIS—IMMUNIZE NOW!**

Literature on any or all of our pollen extracts  
sent to physicians on request.

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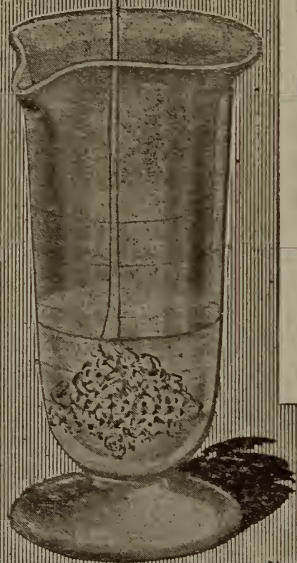


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## SILVOL

A valuable agent for the treatment of infections of  
mucous membranes.

**SILVOL** is a proteid-silver compound containing approximately 20 per cent. of silver. It is a non-toxic, non-irritating germicide of marked power and efficacy. It is freely soluble in water. It does not coagulate albumin. It is not precipitated by proteids or alkalies.

### INDICATIONS:

Conjunctivitis,  
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Trachoma,  
Rhinitis,  
Sinus Infections,

Otitis Media,  
Pharyngitis,  
Tonsillitis,  
Laryngitis,  
Gonorrhea (all stages),

Cystitis,  
Posterior Urethritis,  
Vaginitis,  
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**SILVOL** is used in aqueous solutions of 5 to 50 per cent. It is supplied as follows:

**POWDER:** Bottles of one ounce.

**CAPSULES** (6-grain): Bottles of 50.

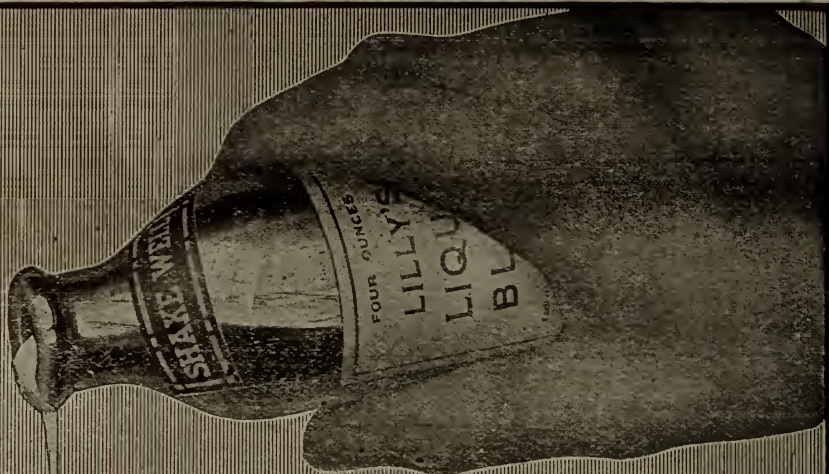
We also market:

**SILVOL OINTMENT** (5 per cent.): small and large collapsible tubes with elongated nozzle.

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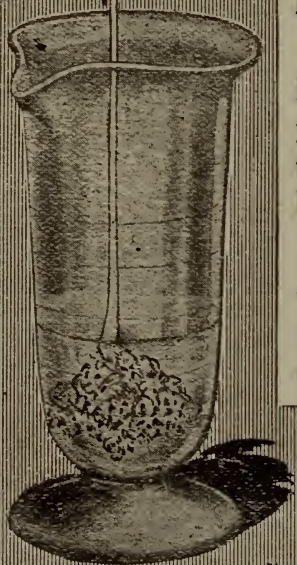


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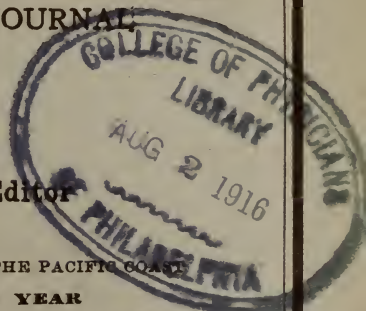
AUGUST, 1916

O. C. WELBOURN, A. M., M. D., Editor

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## Hay Fever Prophylaxis

Autumnal pollinosis (the ordinary hay fever of late summer and early fall) is held to be due to the pollen of ragweed, or to other pollens closely analogous to ragweed in their protein content.

An efficient immunizing agent in this type of hay fever is

### RAGWEED POLLEN EXTRACT

The extract is administered hypodermatically.

We supply an accurately standardized product.

Ragweed Pollen Extract has given good results when administered after the onset of symptoms, but the best effects are obtained by starting immunizing treatment a month or six weeks before the pollen season.

### For Fall Pollinosis—Immunize Now!

Each package of Ragweed Pollen Extract contains three 5-mil (5-Cc.) vials of 10 units, 100 units and 1000 units per mil (Cc.) respectively; one vial of physiological salt solution for use as a diluent, and one scarifier. When injecting, use any small syringe—preferably the so-called tuberculin syringe.

FULL DIRECTIONS AS TO APPLICATION AND DOSAGE  
ACCOMPANY EACH PACKAGE.

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UNCOATED  
AND  
DISINTEGRATING  
YET--TRULY  
ENTERIC



EASY TO TAKE--  
CAUSING  
NEITHER  
VOMITING NOR  
NAUSEA

## In Diagnosis Look for Focal Infection

**I**NVESTIGATIONS indicate that arthritis, endocarditis, myocarditis, myositis, gastric and intestinal ulcers, neuritis, anemia and many other pathological conditions often have their origin in some primary focus of infection about the teeth, such as undiagnosed abscesses and pyorrhea alveolaris.

The rational treatment of these secondary conditions is the removal of the primary focus of infection. In pyorrhea this is best accomplished by dental surgical treatment combined with the use of the ipecac alkaloids. These are administered efficiently by mouth, without nausea, by means of Alcresta Tablets of Ipecac, which are uncoated, disintegrating and yet enteric.

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*Send for further information.*

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## **TYPHOID PHYLACOGEN**

in the opinion of many competent clinicians, constitutes

**THE BEST TREATMENT FOR TYPHOID FEVER.**

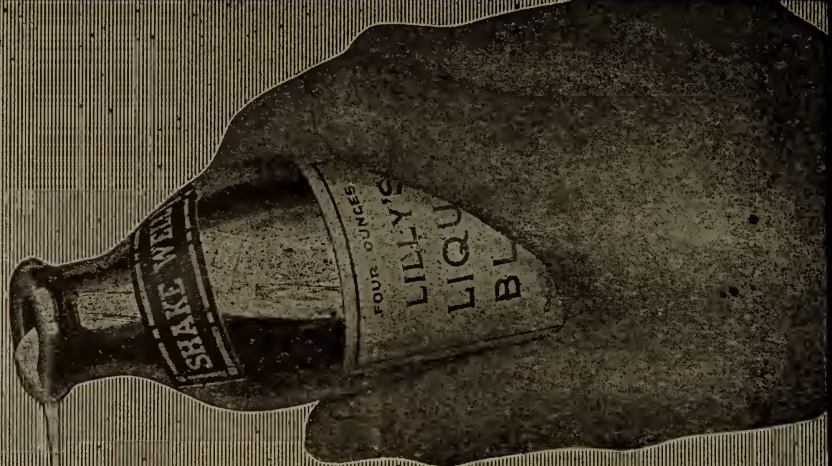
Supplied in bulbs of 10 Cc., one in a carton.

Literature to physicians on request.

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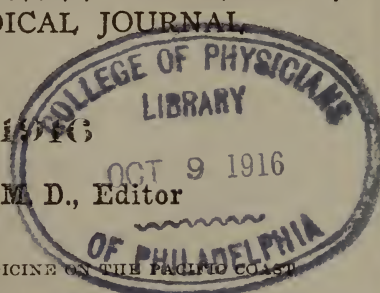
OCTOBER, 1916

O. C. WELBOURN, A. M., M. D., Editor

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## A Word of Appreciation

OUR house will celebrate its fiftieth birthday on the Twenty-sixth of October. This is therefore the year of our Golden Jubilee.

At such a time it is fitting that we should recognize in a public manner one of the fundamental causes of our success. This is found in the confidence bestowed upon us for fifty years by those whom we have sought to serve. Without their support we could have done nothing. Lacking their coöperation we should long since have ceased to exist.

Our appreciation of this truth is profound and heartfelt. We acknowledge our indebtedness with gratitude, and during the second half century of our existence we shall strive in every way to be worthy of the trust reposed in us by the medical and pharmaceutical professions of the world.

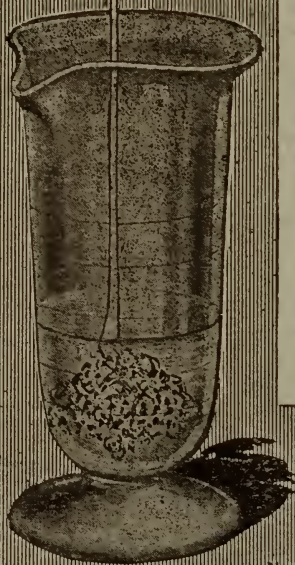
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October 1, 1916.





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## GERMICIDAL SOAP

Antiseptic. Disinfectant. Deodorant. Sterilizer. Lubricant. Cleanser.

Germicidal Soap combines the powerful antiseptic mercuric iodide with a soap made from pure vegetable oils.

### A FEW SUGGESTIONS.

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|--------------------------------------------------------|----------------------------------------------------|
| To prepare antiseptic solutions.                       | To control the itching of skin infections.         |
| To sterilize hands, instruments and site of operation. | To make solutions for the vaginal douche.          |
| To cleanse wounds, ulcers, etc.                        | To counteract the odors of offensive hyperidrosis. |
| To lubricate sounds and specula.                       | To destroy pediculi.                               |
| To destroy infecting organisms in skin diseases.       | To cleanse the hair and scalp.                     |
| To disinfect surface lesions.                          | To remove and prevent dandruff.                    |
|                                                        | To disinfect vessels, utensils, etc.               |

Germicidal Soap does not attack nicked or steel instruments. It does not coagulate albumin.

Germicidal Soap, 2% (contains 2% of mercuric iodide): large cakes, one in a carton.

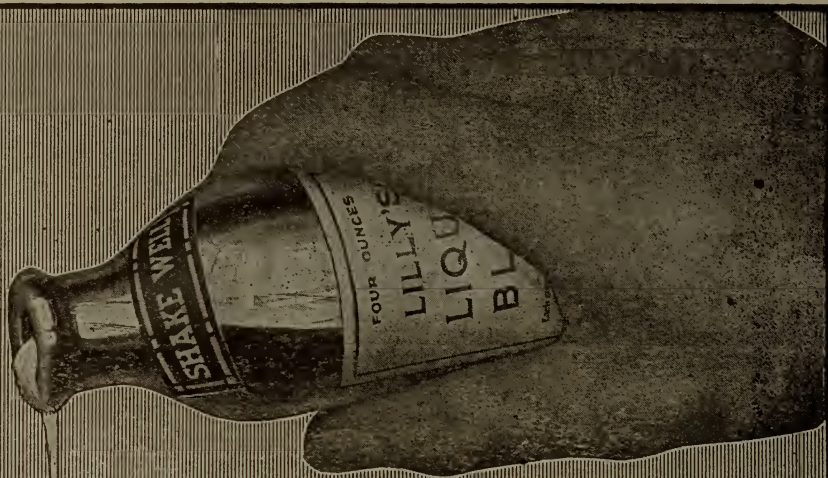
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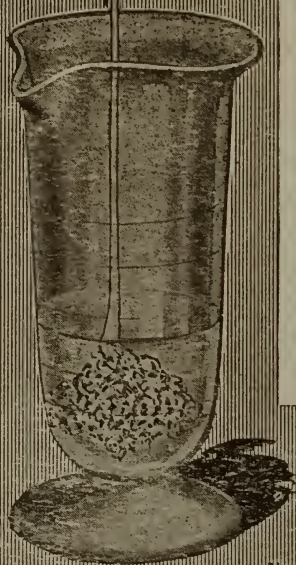


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**DECEMBER, 1916**

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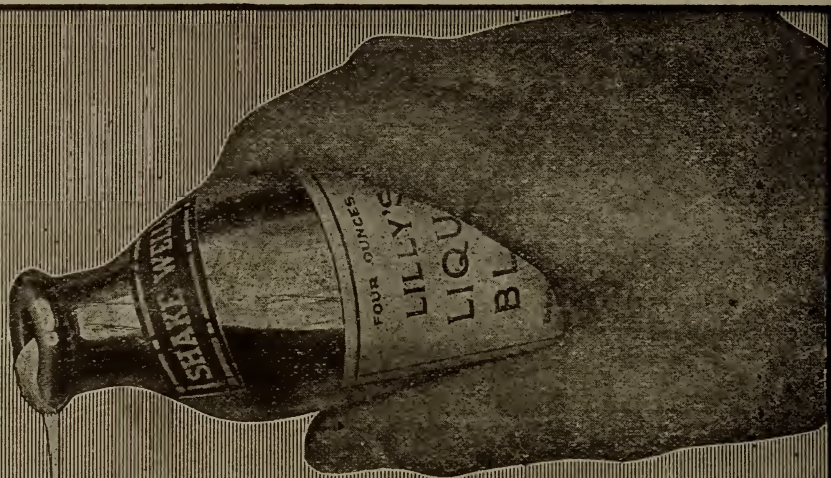
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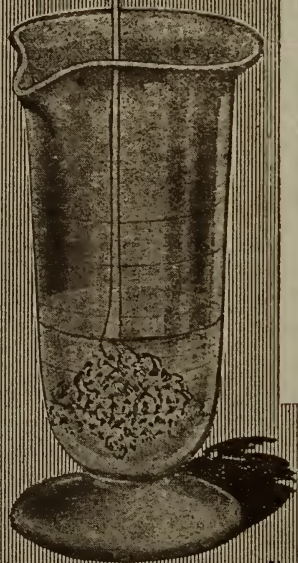


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Not a new-born prodigy or an untried experiment, but a remedy whose usefulness has been fully demonstrated during half a century of clinical application.

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